

Medicare Prior Authorization

List effective October 1, 2023

Ascension Complete requires prior authorization (PA) as a condition of payment for many services. This notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Ascension Complete.

Ascension Complete is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. **Non-par providers & facilities require authorization for all HMO services except where indicated.**

For complete CPT/HCPCS code listing, please see [Pre Auth Check Tool](#).

Effective October 1, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Audiology	No PA Required	Pure tone audiometry	0208T, 0209T
Behavioral Health	No PA Required	Alcohol and/or drug services	H0010, H0011, H0012, H0014, H0016, H0018
		Assertive community treatment, face-to-face	H0039
		BH and Community Support Services	H2001, H2012, H2016, H2018, H2020, H2022, H2030, H2034, H2036
		Crisis intervention mental health services, per hour	S9484, S9485
		Adaptive behavior treatment	97157
Breast Reconstruction	No PA Required	Repair and/or reconstruction	19357, 19367, 19368, S2068
Cardiovascular	PA Required	Coronary intravascular lithotripsy (IVL) procedure	0715T
		Pacemaker/cardioverter-defibrillator devices and procedures	C1899, G0448
	No PA Required	Device interrogation and analysis	0418T
		Transcatheter valve and cardiac procedures	0483T, 0569T, 0644T
DME & Supplies	PA Required	Hospital bed and mattress	E0302, E0372, E0462
		Respiratory systems and supplies	E0440, E0467
		Patient lifts	E0639
		Pneumatic & non-pneumatic compressor devices	E0657, E0665, E0666, E0669, E0670, E0672, K1024, K1033
		Ultraviolet light therapy	E0691, E0694
		Wheelchairs, power operated vehicles, and accessories	E0983, E0985, E0988, E1004, E1036, E1070, E1084, E1087, E1170, E1222, E1223, E1228, E1239, E1270, E1280, E1296, E1298, E2328, E2341, E2343, E2358, E2362, E2364, E2368, E2369, E2610, E2614, E2625, E2631, E2632, E2633, K0008, K0009, K0011, K0012, K0014, K0015, K0046, K0065, K0098, K0669, K0802, K0807, K0812, K0814, K0815, K0829, K0850, K0851, K0852, K0853, K0860, K0864, K0877, K0878, K0884, K0891, K0898, K0899
		Nerve stimulating device	K1018
		Speech generating device/accessory	E2502
		Automatic external defibrillator	K0606

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Compression burn garment	A6507
		Hospital bed, mattress, and supplies	E0181, E0182, E0189, E0305, E0310, E0316, E0328
		Electronic bowel irrigation system	E0350
		Delivery/installation charges for hemodialysis equipment	E1600
		Heat, cold, and light therapies	E0202, E0217, E0221
		Respiratory systems, devices and supplies	A7047, E0435, E0455, E0472, E0500
		Breast pump, hospital grade, electric	E0604
		Monitoring equipment	E0619, E0620
		Functional electrical stimulator	E0770
		Traction and other orthopedic devices	E0856, E0944
		Wheelchairs and accessories	E0968, E0969, E0980, E0994, E1014, E1029, E1092, E1093, E1160, E1229, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2291, E2292, E2293, E2294, E2301, E2324, E2381, E2382, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0017, K0018, K0020, K0053, K0105, K0195
Blood glucose monitor	E2100, E2102		
Evaluation & Management	No PA Required	Nursing facility care plan oversight	99306, 99379
		Medication therapy management	99605, 99606, 99607
General Surgery	PA Required	Repair procedures on the nose	30410, 30420, 30430, 30520
		Procedures on the stomach	43881
		Procedures on the penis	54400, 54401, 54405
		Phrenic nerve stimulation system procedure	0435T
		Benign thyroid nodule ablation	0673T
	No PA Required, unless managed by a vendor in select markets	Removal of abdominal mesh	11008
		Removal of skin tags procedures	11200, 11201
		Skin color correction	11920, 11921, 11922
		Tissue expanders	11960, 11970, 11971
		Skin therapies	15786, 15787, 17360
Trigger point injections	20552, 20553		
Cranial/facial repairs	21175, 21181, 21183, 21193, 21230, 21256, 21280		

Service Category	PA Rule	Services	Procedure Codes
		Repair procedures on the nose	30460, 30462, 30560, 30630
		Transplant related procedures	32855, 32856, 33933, 33940, 33944, 38206, 38207, 38208, 38209, 38214, 38215, 38230, 47143, 48551, 48552, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50370
		Repair procedures on the urethra	52010, 52301, 52343, 53420
		Excision procedures on the endocrine system	60212, 60505
		Procedures on the spine/spinal cord	22527, 62367, 62368, 62370
		Procedures on the cardiovascular system	33952, 36836, 36837
		Procedures on the spleen	38129
		Procedures on the diaphragm	39599
		Procedures on the digestive system	43283, 43772, 43774, 44145, 64595
		Neurostimulator procedures on the peripheral nerves	64585
GI Services	No PA Required	Transnasal EGD	0652T, 0653T
Gynecology	No PA Required	Excision/repair of the vulva, vagina	56625, 57291, 57292
		Hysterectomy procedures	58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58270, 58275, 58280, 58290, 58291, 58292, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956
		Myomectomy, ovarian/tubal resection	58545, 58546, 58661, 58720, 58940, 58952
Home Care	No PA Required	Home care services	S5145, S5150
		Contracted home health	T1022
Injection Procedures	PA Required	Percutaneous lumbar intravertebral disc injection	0627T, 0628T
	No PA Required	Injection of the spine/spinal cord	62280, 62290, 62291, 62324, 62325, 62326, 62327
Maternity	No PA Required	Maternity care	59866, 59897
Medicine Services & Procedures	No PA Required, unless managed by a	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	C9088
		Immune globulins, serum or recombinant product	90283

Service Category	PA Rule	Services	Procedure Codes
	vendor in select markets	Special otorhinolaryngologic procedures	92512, 92516, 92520, 92546, 92597, 92607, 92608, 92609, 92610, 92700
		Neurology testing	95700, 95803
		Chiropractic treatment	98940, 98941, 98942
		Education and training for patient self-management	98960
Nutrition	No PA Required	Medical nutrition therapy	97804
		Enteral formulas and additives	B4157, B4158, B4159, B4162, B9006
		Medical foods for inborn errors of metabolism	S9435
Orthopedics	PA Required	Insertion sinus tarsi implant	0335T
		Sacroiliac joint arthrodesis procedure	0775T
Ophthalmology	No PA Required	Open-eye eyelid treatment device	0563T
		Other procedures on the cornea	65765
Orthotics and Prosthetics	PA Required	Spinal orthotics	L0458, L0468, L0480, L0484, L0632, L0638, L0639, L0640, L0651, L1200, L1300
		Lower extremity orthotics	E1830, L1690, L1840, L1904, L2000, L2005, L2030, L2034, L2038, L2525, L2627, L2628
		Upper extremity orthotics	E1802, E1818, E1840
		Lower extremity prosthetics	K1014, L5010, L5060, L5200, L5505, L5510, L5520, L5535, L5560, L5570, L5600, L5610, L5614, L5628, L5630, L5638, L5639, L5640, L5661, L5682, L5702, L5795, L5818, L5824, L5826, L5830, L5858, L5859, L5930, L5966, L5969, L5982, L5990
		Upper extremity prosthetics	L6000, L6010, L6020, L6200, L6250, L6320, L6400, L6623, L6628, L6638, L6646, L6647, L6692, L6697, L6704, L6711, L6712, L6883, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6940, L6945, L6950, L6965, L7405
		Cochlear device	L8614
		Orbital prosthetics	L8042
	Unlisted prosthetics	L8499	
	No PA Required	Penile devices	C2622, L7900
		Spinal orthotics	L0700, L0710
Upper extremity orthotics		L0170, L0190, L3671, L3674, L3962	

Service Category	PA Rule	Services	Procedure Codes
		Lower extremity orthotics	L0469, L0470, L1000, L1270, L1640, L1730, L1847, L1860, L2126, L2136, L2570, L2580
		Cochlear implant device components	L8627, L8628, L8629
		Pretibial shell	L4130
		Prosthetic fitting, immediate post-surgical	L5400, L5420, L5430
		Nasal and facial prosthesis	L8040, L8046, V2629
		Finger prosthetics	L8659
Pain Management	PA Required	Percutaneous cranial nerves stimulation	0720T
		Injection of anesthetic agent (nerve block)	64450, 64451, 64494
		Destruction by neurolytic agent	64624
Pathology and Laboratory	PA Required	Genetic analysis	81265, 81266
	No PA Required	Multianalyte assays	0014M
		Proprietary laboratory analyses	0035U, 0040U, 0219U, 0353U
		Therapeutic drug assays	80220
		Genetic analysis	81224, 81239, 81262, 81316, 81341
		Multianalyte assays w/algorithmic analyses	81508, 81511, 81512, 81513, 81514, 81528
		Chemistry procedures	82077, 82105, 82397, 82657, 82677, 84163, 84702, 84704, 84999
		Qualitative or semiquantitative immunoassays	86152, 86336
		Postmortem examination	88025
		Flow cytometry, cytogenetic studies	88182, 88230, 88233, 88235, 88237, 88263, 88269, 88291
		Surgical pathology	88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377, 88381
Reproductive medicine	89310, 89320, 89321		
Pharmacy	No PA Required	Pharmacy dispensing fee for inhalation drug(s)	Q0513, Q0514
		Pharmacy compounding and dispensing services	S9430
Professional Services	No PA Required	Molecular pathology procedure; physician interpretation and report	G0452
		Hospital observation service and admission	G0378, G0379
Radiology Services	No PA Required –	PET imaging, any site, NOS	G0235
		ERCP with endomicroscopy	0397T

Service Category	PA Rule	Services	Procedure Codes
	except when managed by vendor in select markets	Quantitative ultrasound tissue characterization	0690T
		Fetal MRI	74713
		Endocrine system	78012, 78013, 78014, 78018, 78070, 78071, 78072
		Bone marrow imaging	78102
		Gastrointestinal system	78201, 78202, 78215, 78216, 78226, 78227
		Cardiovascular system	75565, 78434
		Radiopharmaceutical localization of tumor	78800, 78804
Radiopharmaceuticals	PA Required	Lutetium lu 177 vipivotide tetraxetan, therapeutic	A9607
	No PA Required	Radiopharmaceutical, diagnostic, not otherwise classified	A4641
		Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose	A9552
		Rubidium Rb-82, diagnostic, per study dose	A9555
Skin Substitute	PA Required	Skin substitute products	Q4199
	No PA Required	Autograft suspension	C1832
Specialty Medications	PA Required	Injectable Medication	J1950, J2182, J2786, J9214, J9044
		Intravitreal implant	J7313
		Hyaluronic injections	J7322, J7328
	No PA Required	Inhalation medications	J7605, J7606, J7626
		Injectables	J0121, J0572, J0573, J0574, J1750, J1756, J2212, J2440, J1453, J3489, S0039, S0080
Therapy Services	No PA Required, unless managed by a vendor in select markets	Physical medicine and rehab evaluations	97164, 97168, 97169, 97170, 97172, 97750
		Occupational therapy services, qualified occupational therapist	G0129
		Speech, language, dysphagia screenings	V5362, V5363, V5364
		Electrical stimulation, (unattended)	G0281, G0282
Wound Care	PA Required	Active wound care management – PA required after 12 combined wound care visits per calendar year	97597, 97598, 97602
		Electrical stimulation and cutaneous wound healing	0512T

Ascension Complete

Service Category	PA Rule	Services	Procedure Codes
		Matrix for wound management	A2001, A2002, A2004, A2005, A2007, A2015

If you have questions or need specific support, please contact Provider Services at **Wellcare By Allwell** (Medicare Advantage):

- HMO 1-855-565-9519
- HMO D-SNP 1-833-402-6707
- PPO 1-833-696-0634
- TTY: 711