



Gateway PA Medicaid Prior Authorization Requirements

Inpatient Services:

- Hospital inpatient admissions
- All other inpatient admissions (e.g. acute, skilled nursing facility, and rehabilitation)

Outpatient Services

- Potentially experimental, investigational or cosmetic services
- Durable medical equipment and any non-standard (i.e. deluxe) DME
- Outpatient therapies (physical, occupational, speech, chiropractic)
- Home health Care
- Prosthetics
- Hospice
- Transplantation services
- Radiology management
 - [Link to NIA](#)
- Other covered procedures / codes (Details on next page)

Non Covered Benefits / Procedures

- Non covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered & non-covered services

NOTE: Authorization does not guarantee payment of claims. A service or supply will be reimbursed by Gateway Health only if it is medically necessary, a covered service, and provided to an eligible member.

The authorization process continues to be subject to the maximum unit and program exception policies.

Procedures Requiring Authorization

Surgical procedures

13152	22842	31090	37760	43772	47562	58550	63035	67903
14040	22848	31255	37761	43773	47563	58552	63042	67904
14061	24305	31276	37765	43774	52327	58553	63046	67908
14301	25107	31295	37766	43775	54405	58554	63055	69714
14302	25111	31296	37780	43842	56620	58558	63056	69930
15734	25337	31297	37785	43843	57260	58570	63085	
15736	25447	31629	42821	43845	57288	58571	63650	
19120	26650	31652	43236	43846	58260	58572	63655	
19300	26860	31653	43253	43847	58262	58573	63685	
19303	29844	36470	43632	43848	58263	58661	64581	
20912	29846	36471	43633	43860	58290	58662	64718	
21235	29848	36475	43634	43865	58291	61885	64721	
21240	29916	36478	43644	43886	58541	62287	67113	
21335	30140	37700	43645	43887	58542	62362	67345	
22514	30465	37722	43770	43888	58543	63005	67901	
22830	30520	37735	43771	45100	58544	63020	67902	

Genetic Testing Codes

81161 - 81599

General Medicine codes

91110	93451	96040	96413
92507	93568	96118	
92508	93745	96119	
93292	95782	96150	

Therapy codes

97110	97116	97150	97533	98925	98928	98941	99245
97112	97124	97530	97750	98926	98929	98942	
97113	97140	97532	97755	98927	98940	99183	

Transportation, Medical & Surgical Supplies codes

A4575	A7034
A6211	A7039
A7027	

Durable Medical Equipment (Including Wheel Chairs) codes

E0155	E0958	E1010	E1237	E2215	E2312	E2368	E2396	E2616
E0193	E0960	E1014	E1238	E2217	E2313	E2369	E2402	E2617
E0265	E0961	E1016	E1290	E2218	E2321	E2370	E2510	E2619
E0446	E0966	E1020	E1390	E2219	E2323	E2373	E2601	E2620
E0466	E0967	E1029	E2201	E2220	E2326	E2374	E2602	E2621
E0470	E0973	E1030	E2202	E2221	E2328	E2375	E2603	E2622
E0471	E0974	E1037	E2203	E2222	E2330	E2376	E2604	E2623
E0483	E0981	E1038	E2204	E2224	E2340	E2377	E2605	E2624
E0561	E0982	E1161	E2205	E2225	E2342	E2381	E2606	E2625
E0562	E0983	E1225	E2206	E2226	E2359	E2382	K0849	K0861
E0627	E0990	E1226	E2207	E2231	E2361	E2383	K0850	K0862
E0667	E0992	E1230	E2208	K0801	K0822	K0835	K0851	K0902
E0671	E0995	K0069	K0607	K0802	K0823	K0837	K0856	
E0784	K0037	K0070	K0608	K0806	K0824	K0839	K0857	
E0950	K0042	K0071	K0609	K0808	K0825	K0841	K0858	
E0955	K0047	K0072	K0672	K0816	K0826	K0843	E2607	
K0001	K0051	K0108	K0733	K0821	K0827	K0848	E2608	
K0003	K0053	K0606	K0800	E2291	E2362	E2384	E2609	
K0005	K0056	E1232	E2209	E2292	E2363	E2388	E2611	
K0006	E1002	E1233	E2211	E2293	E2364	E2390	E2612	

K0007	E1004	E1234	E2212	E2294	E2365	E2391	E2613
K0015	E1007	E1235	E2213	E2310	E2366	E2394	E2614
E0957	E1008	E1236	E2214	E2311	E2367	E2395	E2615

Orthotic procedures

L0625	L2040	L3201	L3720	L6635
L1831	L2310	L3203	L3908	L6655
L1902	L2680	L3219	L4396	L6676
L1951	L2850	L3253	L5632	L6721
L1971	L3002	L3620	L5814	L7368

Skin Grafting & Skin Substitute

Q4101	15101	15120	15136	15156	15221	15271	15276
Q4106	15110	15121	15150	15157	15240	15272	15277
Q4121	15111	15130	15151	15200	15241	15273	15278
15050	15115	15131	15152	15201	15260	15274	15760
15100	15116	15135	15155	15220	15261	15275	15770

Blepharoplasty

15820	15821	15822	15823
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Rhinoplasty

30460	30462
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Mammoplasty

19318	19328	19342	19357	19366	19369	19380
19324	19330	19350	19361	19367	19370	
19325	19340	19355	19364	19368	19371	

Panniculectomy

15830	15832	15839	15847
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Private Payer

S0265	S1040	S2083	S9449	S9452
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Hearing Aids & Vision

V5160	V5220	V5255	V5256	V5257	V5258	V5260	V5261
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