



## **Gateway PA Medicare Prior Authorization Requirements**

**Effective for Dates of Service 5/1/2017**

### **Inpatient Services:**

- Hospital inpatient admissions
- All other inpatient admissions (e.g., skilled nursing facility, rehabilitation, behavioral health, long term acute)

### **Outpatient Services**

- Potentially experimental, investigational or cosmetic services
- Durable medical equipment listed below and any non-standard issue (i.e. deluxe) DME
- Outpatient therapies (physical, occupational, speech, chiropractic)
- Home health Care
- Behavioral Health
- Prosthetics
- 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. 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 policies.



## All Other Procedures Requiring Authorization

### Surgical procedures

11950	21240	29916	36478	43886	58290	58578	63685	69930
11954	21335	30140	37700	43887	58291	58579	64581	69949
13152	22514	30465	37718	43888	58541	58679	64718	
14040	22856	30520	37722	44238	58542	59897	64721	
14061	24305	31090	37735	47563	58543	61885	64905	
14301	25107	31255	37760	52327	58544	62287	67113	
15734	25111	31276	37761	54405	58550	62362	67345	
15736	25337	31295	37765	54660	58552	63005	67900	
15783	25447	31296	37766	55400	58553	63020	67901	
15825	26650	31297	37780	56620	58554	63042	67902	
19300	26860	31629	37785	57260	58558	63046	67903	
19303	27279	33270	42821	57288	58570	63055	67904	
20912	29844	36470	43236	58260	58571	63056	67908	
21198	29846	36471	43257	58262	58572	63650	69300	
21235	29848	36475	43770	58263	58573	63655	69714	

### General Medicine codes

90935	95800	96002	96118	96365
95782	96001	96101	96119	

### Therapy codes

97012	97026	97034	97110	97124	97532	97542	98926	98940	92508
97016	97028	97035	97112	97140	97533	97750	98927	98941	92507
97022	97032	97036	97113	97150	97535	97755	98928	98942	
97024	97033	97039	97116	97530	97537	98925	98929	91110	



### Transportation, Medical & Surgical Supplies

A7027	A7034	A7039
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### Temporary Hospital Outpatient Prospective Payment System

C8930	C9741
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### Durable Medical Equipment (Including Wheel Chairs)

E0155	E0958	E1234	E2222	E2363	E2402	E2625	K0800	K0858
E0193	E0960	E1235	E2224	E2364	E2510	K0001	K0801	K0861
E0265	E0967	E1236	E2225	E2365	E2601	K0003	K0802	K0862
E0277	E0981	E1237	E2226	E2366	E2602	K0005	K0806	K0902
E0466	E0982	E1238	E2231	E2367	E2603	K0006	K0808	E1399
E0470	E0983	E2201	E2291	E2368	E2604	K0007	K0816	
E0471	E0986	E2202	E2292	E2369	E2605	K0015	K0821	
E0483	E1002	E2203	E2293	E2370	E2606	K0037	K0822	
E0562	E1004	E2204	E2294	E2373	E2607	K0042	K0823	
E0627	E1007	E2205	E2310	E2374	E2608	K0047	K0824	
E0652	E1008	E2206	E2311	E2375	E2609	K0051	K0825	
E0667	E1010	E2207	E2312	E2376	E2611	K0053	K0826	
E0671	E1014	E2208	E2313	E2377	E2612	K0056	K0827	
E0694	E1016	E2209	E2321	E2378	E2613	K0069	K0835	
E0730	E1020	E2211	E2323	E2381	E2614	K0070	K0837	
E0745	E1029	E2212	E2326	E2382	E2615	K0071	K0839	
E0747	E1030	E2213	E2328	E2383	E2616	K0072	K0841	
E0748	E1037	E2214	E2330	E2384	E2617	K0108	K0843	
E0760	E1038	E2215	E2331	E2388	E2619	K0606	K0848	
E0784	E1161	E2217	E2340	E2390	E2620	K0607	K0849	
E0849	E1225	E2218	E2342	E2391	E2621	K0608	K0850	
E0950	E1230	E2219	E2359	E2394	E2622	K0609	K0851	
E0955	E1232	E2220	E2361	E2395	E2623	K0672	K0856	
E0957	E1233	E2221	E2362	E2396	E2624	K0733	K0857	

## Screens & Tests

G0121
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## Orthotic procedures

L0625	L2040	L3201	L3400	L4396	L6676
L1831	L2310	L3203	L3620	L5632	L6721
L1902	L2680	L3253	L3649	L5814	L7368
L1951	L2850	L3300	L3720	L6635	
L1971	L3002	L3360	L3908	L6655	

## Skin Grafting & Skin Substitute

15040	15110	15130	15155	15240	15273	15760	15776
15050	15115	15135	15200	15260	15275	15770	
15100	15120	15150	15220	15271	15277	15775	

## Blepharoplasty

15820	15821	15822	15823
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## Rhinoplasty

30400	30410	30420	30430	30435	30450	30460	30462
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## Mammoplasty

19316	19324	19328	19340	19350	19357	19370	19380
19318	19325	19330	19342	19355	19366	19371	19396

## Panniculectomy

15830	15833	15835	15837	15839	15877	15879
15832	15834	15836	15838	15876	15878	



Vision

V2530	V2531
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