

**Cook Children's Health Plan
Prior Authorization List
Effective September 1, 2008
CHIP and Medicaid**

- **ALL OUT-OF-NETWORK SERVICES**
- **BARIATRIC SURGERY**
- **CHIROPRACTIC TREATMENT**
***Initial evaluation visit does not require precertification*
- **COSMETIC SURGERY/PROCEDURES**
- **DURABLE MEDICAL EQUIPMENT (RENTAL OR PURCHASE)**
*****See attached list of DME requiring precertification*
- **INPATIENT ADMISSIONS (including acute, skilled nursing and rehabilitation facilities)**
***CCHP Care Management must be notified of emergency admissions within one business day of admission.*
- **EMERGENCY TREATMENT FOR DENTAL TRAUMA**
- **HOME HEALTH SERVICES (all services except PT/OT/ST)**
***Medications given in the home require approval from the Vendor Drug Program.*
- **HOSPICE**
- **IMAGING**
*Positron Emission Tomography (PET)
Single Photon Emission Computed Tomography (SPECT)*
- **INFUSIONS/INJECTABLES (given in the office or clinic)**
***Medications given in the home require approval from the Vendor Drug Program
Includes: Botox, Synagis, Lupron, intravenous immunoglobulins (IVIG), Remicoid, biotech drugs.
Does Not Include: Immunizations, antibiotics, chemotherapy, allergy serum.*
- **MATERNITY – notification required after initial prenatal visit**
- **NEUROPSYCHOLOGICAL TESTING (related to organic disease)**
- **NON-EMERGENCY AMBULANCE TRANSPORT**
- **ORTHOGNATHIC SURGERY**
- **OUTPATIENT/AMBULATORY SURGERY**
***See attached list of procedures requiring precertification*
- **PLASTIC, RECONSTRUCTIVE OR COSMETIC PROCEDURES**
- **RADIATION THERAPY**
- **TEMPORARY CPT CODES FOR EMERGING TECHNOLOGY, SERVICES, AND PROCEDURES (CATEGORY III CPT CODES)**
- **TRANSPLANTS**

**Services Requiring Prior Authorization
Effective September 1, 2008**

Integumentary	11300	11301	11302	11303	11305	11306	11307	11308	11310
	11311	11312	11313	11400	11401	11402	11403	11404	11406
	11420	11421	11422	11423	11424	11426	11440	11441	11442
	11443	11444	11446	11450	11451	11462	11463	11470	11471
	11719	11920	11921	11922	11950	11951	11952	11954	11960
	11970	11971	15775	15776	15780	15781	15782	15783	15786
	15787	15788	15789	15792	15793	15819	15820	15821	15822
	15823	15824	15825	15826	15828	15829	15830	15832	15833
	15834	15835	15836	15837	15838	15839	15876	15877	15878
	15879	15999	17106	17107	17108	17340	17360	17380	17999
	19300	19316	19318	19324	19325	19328	19330	19340	19342
	19350	19355	19357	19361	19364	19366	19367	19368	19369
	19370	19371	19380	19396	19499				
Musculoskeletal	20979	20999	21010	21050	21089	21120	21121	21122	21123
	21125	21127	21137	21138	21139	21141	21142	21143	21145
	21146	21147	21150	21151	21154	21155	21159	21160	21172
	21175	21179	21180	21181	21182	21183	21184	21188	21193
	21194	21195	21196	21198	21199	21206	21208	21209	21210
	21215	21230	21235	21240	21242	21243	21244	21245	21246
	21247	21248	21249	21255	21256	21260	21261	21263	21267
	21268	21270	21275	21280	21282	21295	21296	21299	21499
	21899	22899	22999	23929	24999	25999	26989	27299	27599
	27899	28008	28010	28011	28035	28043	28045	28046	28060
	28062	28070	28072	28080	28086	28088	28100	28102	28103
	28104	28106	28107	28108	28110	28111	28112	28113	28114
	28116	28118	28119	28120	28122	28124	28126	28130	28140
	28150	28153	28160	28171	28173	28175	28200	28202	28208
	28210	28220	28222	28225	28226	28230	28232	28234	28238
	28240	28250	28260	28261	28262	28264	28270	28272	28280
	28285	28286	28288	28289	28290	28292	28293	28294	28296
	28297	28298	28299	28300	28302	28304	28305	28306	28307
28308	28309	28310	28312	28313	28315	28320	28322	28340	
28341	28344	28345	28360	28705	28715	28725	28730	28735	
28737	28740	28750	28755	28760	28890	28899	29799	29999	
Respiratory	30400	30410	30420	30430	30435	30450	30462	30465	30999
	31299	31599	31899	32850	32851	32852	32853	32854	32855
	32856	32999							
Cardiovascular	33930	33933	33935	33940	33944	33945	33975	33979	33980
	33999	36299	36468	36469	36470	36471	36475	36476	36478
	36479	37501	37799						

**Services Requiring Prior Authorization
Effective September 1, 2008**

Hemic & Lymphatic	38129	38204	38205	38206	38207	38208	38209	38210	38211
	38212	38213	38214	38215	38230	38240	38241	38242	38589
	38999								
Mediastinum									
	39499	39599							
Digestive									
	40500	40799	40899	41599	41899	42299	42699	42999	43289
	43499	43631	43633	43644	43645	43647	43648	43659	43770
	43771	43772	43773	43774	43842	43843	43845	43846	43847
	43848	43881	43882	43886	43887	43888	43999	44132	44133
	44135	44136	44137	44238	44715	44720	44721	44799	44899
	44979	45499	45999	46999	47133	47135	47136	47140	47141
	47142	47143	47144	47145	47146	47147	47379	47399	47579
	47999	48550	48551	48552	48554	48556	48999	49329	49580
	49659	49999							
Urinary									
	50300	50320	50323	50325	50327	50328	50329	50340	50360
	50365	50370	50380	50547	50549	50949	51999	53899	
Male Genital									
	54001	54150 ≥age 1 year	54161 ≥age 1 year	54163	54400	54401	54405	54406	54408
	54410	54411	54415	54416	54417	54699	55200	55300	55400
	55559	55870	55899	55970	55980				
Female Genital									
	58140	58145	58146	58150	58152	58180	58200	58210	58260
	58262	58263	58267	58270	58275	58280	58285	58290	58291
	58292	58293	58294	58340	58345	58350	58550	58552	58553
	58554	58578	58579	58672	58673	58679	58740	58750	58752
	58760	58770	58970	58974	58976	58999			
Maternity									
	59840	59841	59850	59851	59852	59855	59856	59857	59866
	59897	59898	59899						
Endocrine									
	60659	60699							
Nervous									
	62360	62361	62362	62367	62368	63650	63655	63660	63685
	63688	64484	64590	64595	64650	64653	64999		
Eye									
	65771	65772	65775	66985	66986	66999	67299	67399	67599
	67900	67901	67902	67903	67904	67906	67908	67909	67911
	67912	67950	67961	67966	67971	67973	67974	67975	67999
	68399	68899							

**Services Requiring Prior Authorization
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Audiometry	69090	69300	69399	69710	69711	69714	69715	69717	69718
	Audiometry	69799	69930	69949	69979				
Radiology	76496	76497	76498	76499	76999	77299	77399	77499	77799
	78099	78199	78205	78206	78299	78320	78399	78459	78464
	78465	78469	78491	78492	78494	78499	78599	78607	78608
	78609	78647	78699	78710	78799	78803	78807	78811	78812
	78813	78814	78815	78816	78999	79999			
Pathology & Lab	81099	84999	85999	86486	86849	86999	87999	88099	88199
	88299	88399	89240						
Medicine	90378	90379	90399	90749	90779	90899	90901	90911	91299
	92310	92311	92312	92313	92314	92317	92325	92326	92340
	92341	92342	92354	92355	92370	92499	92601	92602	92603
	92604	92605	92606	92607	92608	92609	92700	93799	94799
	95199	95970	95971	95972	95973	95974	95975	95978	95979
	95990	95991	95999	96101	96102	96103	96105	96110	96111
	96116	96118	96119	96120	96125	96549	96900	96912	96913
	96920	96921	96922	96999	97005	97006	97039	97139	97545
	97546	97605	97606	97799	97810	97811	97813	97814	98940
	98941	98942	98943	99183	99199	99500	99501	99502	99503
	99504	99505	99506	99507	99509	99510	99511	99512	99600
	99601	99602							
Category III Codes	0016T	0017T	0019T	0026T	0027T	0028T	0029T	0030T	0031T
	0032T	0041T	0042T	0043T	0046T	0047T	0048T	0049T	0050T
	0051T	0052T	0053T	0058T	0059T	0060T	0061T	0062T	0063T
	0064T	0066T	0067T	0068T	0069T	0070T	0071T	0072T	0073T
	0075T	0076T	0077T	0078T	0079T	0080T	0081T	0084T	0085T
	0086T	0087T	0088T	0089T	0090T	0092T	0093T	0095T	0096T
	0098T	0099T	0100T	0101T	0102T	0103T	0104T	0105T	0106T
	0107T	0108T	0109T	0110T	0111T	0123T	0124T	0126T	0130T
	0137T	0140T	0141T	0142T	0143T	0144T	0145T	0146T	0147T
	0148T	0149T	0150T	0151T	0155T	0156T	0157T	0158T	0159T
	0160T	0161T	0162T	0163T	0164T	0165T	0166T	0167T	0168T
	0169T	0170T	0171T	0172T	0173T	0174T	0175T	0176T	0177T
	0178T	0179T	0180T	0181T	0182T	0183T			

**Services Requiring Prior Authorization
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Transportation Services Including Ambulance and Medical and Surgical Supplies	A0080	A0090	A0100	A0110	A0120	A0130	A0140	A0160	A0170
	A0180	A0190	A0200	A0210	A0430	A0435	A0999	A4595	A4640
	A6550	A7025	A7026	A8000	A8001	A8002	A8003	A8004	A9270
	A9274	A9276	A9277	A9278	A9279	A9280	A9281	A9282	A9283
	A9300	A9900	A9999						
Enteral And Parenteral Therapy	B4102	B4103	B4104	B4149	B4150	B4152	B4153	B4154	B4155
	B4157	B4158	B4159	B4160	B4161	B4162	B4164	B4168	B4172
	B4176	B4178	B4180	B4185	B4189	B4193	B4197	B4199	B4216
	B4220	B4222	B4224	B5000	B5100	B5200	B9000	B9002	B9004
	B9006	B9998	B9999						
Outpatient PPS	C1732								
Dental Procedures	D7810	D7820	D7830	D7840	D7850	D7852	D7854	D7856	D7858
	D7860	D7865	D7870	D7871	D7872	D7873	D7874	D7875	D7876
	D7877	D7880	D7899						
Durable Medical Equipment	E0147	E0171	E0172	E0175	E0181	E0182	E0184	E0185	E0186
	E0187	E0193	E0194	E0196	E0197	E0198	E0199	E0200	E0203
	E0205	E0221	E0231	E0232	E0235	E0239	E0244	E0245	E0250
	E0251	E0255	E0256	E0260	E0261	E0265	E0266	E0270	E0271
	E0272	E0273	E0274	E0275	E0276	E0277	E0280	E0290	E0291
	E0292	E0293	E0294	E0295	E0296	E0297	E0300	E0301	E0302
	E0303	E0304	E0305	E0310	E0315	E0316	E0325	E0326	E0328
	E0329	E0350	E0352	E0370	E0371	E0372	E0373	E0424	E0425
	E0430	E0431	E0434	E0435	E0439	E0440	E0441	E0442	E0443
	E0444	E0445	E0450	E0455	E0457	E0459	E0460	E0461	E0462
	E0463	E0464	E0470	E0471	E0472	E0480	E0481	E0482	E0483
	E0484	E0485	E0486	E0500	E0550	E0555	E0560	E0561	E0562
	E0565	E0571	E0572	E0574	E0575	E0580	E0585	E0600	E0601
	E0602	E0603	E0604	E0605	E0606	E0616	E0616	E0618	E0619
	E0620	E0621	E0625	E0627	E0628	E0629	E0630	E0635	E0636
	E0637	E0638	E0639	E0640	E0641	E0642	E0650	E0651	E0652
	E0655	E0660	E0665	E0666	E0667	E0668	E0669	E0671	E0672
	E0673	E0675	E0676	E0691	E0692	E0693	E0694	E0710	E0720
	E0730	E0731	E0740	E0744	E0745	E0746	E0747	E0748	E0749
	E0755	E0760	E0761	E0762	E0764	E0765	E0769	E0776	E0779
	E0780	E0781	E0782	E0783	E0784	E0785	E0786	E0891	E0830
	E0840	E0849	E0850	E0855	E0856	E0860	E0870	E0880	E0890
	E0900	E0910	E0911	E0912	E0920	E0930	E0935	E0936	E0940
	E0941	E0942	E0944	E0945	E0946	E0947	E0948	E0950	E0951
	E0952	E0955	E0956	E0957	E0958	E0959	E0960	E0961	E0966
	E0967	E0968	E0969	E0970	E0971	E0973	E0974	E0978	E0980

**Services Requiring Prior Authorization
Effective September 1, 2008**

Durable Medical Equipment	E0981	E0982	E0983	E0984	E0985	E0986	E0990	E0992	E0994
	E0995	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009
	E1010	E1011	E1014	E1015	E1016	E1017	E1018	E1020	E1028
	E1029	E1030	E1031	E1035	E1037	E1038	E1039	E1050 prior auth not required if rental ≤6 mo	E1060 prior auth not required if rental ≤6 mo
	E1070 prior auth not required if rental ≤6 mo	E1083	E1084	E1085	E1086	E1087	E1088	E1089	E1090
	E1092	E1093	E1100	E1110	E1161	E1170	E1171	E1172	E1180
	E1190	E1195	E1200	E1220	E1221	E1222	E1223	E1224	E1225
	E1226	E1227	E1228	E1229	E1230	E1231	E1232	E1233	E1234
	E1235	E1236	E1237	E1238	E1239	E1240	E1250	E1260	E1270
	E1280	E1285	E1290	E1295	E1296	E1297	E1298	E1300	E1310
	E1340	E1353	E1355	E1372	E1390	E1391	E1392	E1399	E1405
	E1406	E1500	E1510	E1520	E1530	E1540	E1550	E1560	E1570
	E1575	E1580	E1590	E1592	E1594	E1600	E1610	E1615	E1620
	E1625	E1630	E1632	E1634	E1635	E1636	E1637	E1639	E1699
	E1700	E1701	E1702	E1800	E1801	E1802	E1805	E1806	E1810
	E1811	E1812	E1815	E1816	E1818	E1820	E1821	E1825	E1830
	E1840	E1841	E1902	E2000	E2100	E2101	E2120	E2201	E2202
	E2203	E2204	E2205	E2206	E2207	E2208	E2209	E2210	E2211
	E2212	E2213	E2214	E2215	E2216	E2217	E2218	E2219	E2220
	E2221	E2222	E2223	E2224	E2225	E2226	E2227	E2228	E2291
	E2292	E2293	E2294	E2300	E2301	E2310	E2311	E2312	E2313
	E2321	E2322	E2323	E2324	E2325	E2326	E2327	E2328	E2329
	E2330	E2331	E2340	E2341	E2342	E2343	E2351	E2360	E2361
	E2362	E2363	E2364	E2365	E2366	E2367	E2368	E2369	E2370
	E2371	E2372	E2373	E2374	E2375	E2376	E2377	E2381	E2382
	E2383	E2384	E2385	E2386	E2387	E2388	E2389	E2390	E2391
	E2392	E2393	E2394	E2395	E2396	E2397	E2399	E2402	E2500
	E2502	E2504	E2506	E2508	E2510	E2511	E2512	E2599	E2601
	E2602	E2603	E2604	E2605	E2606	E2607	E2608	E2609	E2610
	E2611	E2612	E2613	E2614	E2615	E2616	E2617	E2619	E2620
	E2621	E8000	E8001	E8002					

**Services Requiring Prior Authorization
Effective September 1, 2008**

Procedures/Professional Services (Temporary)	G0127	G0154	G0155	G0156	G0166	G0173	G0186	G0237	G0238
	G0239	G0248	G0249	G0251	G0252	G0281	G0282	G0283	G0332
	G0337	G0339	G0340	G0341	G0342	G0343			
Drugs Administered Other Than Oral Method	J1051	J1055	J1056	J1561	J1565	J1566	J1568	J1569	J1572
	J1745	J1825	J1830	J1950	J2357	J2941	J7030	J7040	J7042
	J7050	J7060	J7070	J7100	J7110	J7120	J7130	J9212	J9213
	J9214	J9215	J9216						
Temporary Codes Durable Medical Equipment	K0001	K0002	K0003	K0004	K0005	K0006	K0007	K0009	K0010
	K0011	K0012	K0014	K0015	K0017	K0018	K0019	K0020	K0037
	K0038	K0039	K0040	K0041	K0042	K0043	K0044	K0045	K0046
	K0047	K0050	K0051	K0052	K0053	K0056	K0065	K0069	K0070
	K0071	K0072	K0073	K0077	K0098	K0105	K0108	K0195	K0455
	K0462	K0552	K0601	K0602	K0603	K0604	K0605	K0606	K0607
	K0608	K0609	K0669	K0730	K0733	K0734	K0735	K0736	K0737
	K0738	K0800	K0801	K0802	K0806	K0807	K0808	K0812	K0813
	K0814	K0815	K0816	K0820	K0821	K0822	K0823	K0824	K0825
	K0826	K0827	K0828	K0829	K0830	K0831	K0835	K0836	K0837
	K0838	K0839	K0840	K0841	K0842	K0843	K0848	K0849	K0850
	K0851	K0852	K0853	K0854	K0855	K0856	K0857	K0858	K0859
	K0860	K0861	K0862	K0863	K0864	K0868	K0869	K0870	K0871
	K0877	K0878	K0879	K0880	K0884	K0885	K0886	K0890	K0891
K0898	K0899								
Orthotic Procedures and Devices	L0112	L0170	L0172	L0174	L0180	L0190	L0200	L0810	L3000
	L3001	L3002	L3003	L3010	L3020	L3030	L3031	L3040	L3050
	L3060	L3070	L3080	L3090	L3201	L3202	L3203	L3204	L3206
	L3207	L3212	L3213	L3214	L3215	L3216	L3217	L3219	L3221
	L3222	L3224	L3225	L3230	L3250	L3251	L3252	L3253	L3254
	L3255	L3257	L3300	L3310	L3320	L3330	L3332	L3334	L3340
	L3350	L3360	L3370	L3380	L3390	L3400	L3410	L3420	L3430
	L3440	L3450	L3455	L3460	L3465	L3470	L3480	L3485	L3500
	L3510	L3520	L3530	L3540	L3550	L3560	L3570	L3580	L3590
	L3595	L3600	L3610	L3620	L3630	L3640	L3649	L3999	L5999
	L7900	L8000	L8001	L8002	L8010	L8015	L8020	L8030	L8035
	L8039	L8040	L8041	L8042	L8043	L8044	L8045	L8046	L8047
	L8048	L8049	L8300	L8310	L8320	L8330	L8499	L8500	L8501
	L8505	L8507	L8509	L8510	L8511	L8512	L8513	L8514	L8515
	L8610	L8613	L8614	L8615	L8616	L8617	L8618	L8619	L8680
	L8681	L8682	L8683	L8684	L8685	L8686	L8687	L8688	L8689
	L8690	L8691	L8695	L8699	L9900				

**Services Requiring Prior Authorization
Effective September 1, 2008**

Medical Services	M0075	M0076	M0100	M0300	M0301				
Temporary Codes	Q0480	Q0481	Q0482	Q0483	Q0484	Q0485	Q0486	Q0487	Q0488
	Q0489	Q0490	Q0491	Q0492	Q0493	Q0494	Q0495	Q0496	Q0497
	Q0498	Q0499	Q0500	Q0501	Q0502	Q0503	Q0504	Q0505	Q3025
	Q3025	Q3026	Q5001	Q5002	Q5003	Q5004	Q5005	Q5006	Q5007
	Q5008	Q5009							
Temporary Codes for Drugs, Services and Supplies	S0209	S0215	S0255	S0515	S0580	S1001	S1030	S1031	S1040
	S2053	S2054	S2055	S2060	S2061	S2065	S2080	S2083	S2102
	S2103	S2107	S2140	S2142	S2150	S2152	S2202	S2205	S2206
	S2207	S2208	S2209	S2230	S2235	S2400	S2401	S2402	S2403
	S2404	S2405	S2409	S2411	S5010	S5011	S5012	S5013	S5014
	S5035	S5036	S5108	S5109	S5110	S5111	S5115	S5116	S5180
	S5181	S5497	S5498	S5501	S5502	S5517	S5518	S5520	S5521
	S5522	S5523	S8055	S8120	S8121	S8189	S8270	S8301	S8415
	S8948	S9001	S9056	S9061	S9090	S9092	S9097	S9098	S9109
	S9122	S9123	S9124	S9126	S9127	S9145	S9208	S9209	S9211
	S9212	S9213	S9214	S9325	S9326	S9327	S9328	S9329	S9330
	S9331	S9335	S9336	S9338	S9339	S9340	S9341	S9342	S9343
	S9345	S9346	S9347	S9348	S9349	S9351	S9353	S9355	S9357
	S9359	S9361	S9363	S9364	S9365	S9366	S9367	S9368	S9370
	S9372	S9373	S9374	S9375	S9376	S9377	S9379	S9381	S9434
	S9435	S9472	S9473	S9476	S9490	S9494	S9497	S9500	S9501
	S9502	S9503	S9504	S9529	S9537	S9538	S9542	S9558	S9559
	S9560	S9562	S9590	S9810	S9988	S9989	S9990	S9991	
Temporary Codes Used by Medicaid Program	T1000	T1001	T1002	T1003	T1004	T1021	T1022	T1028	T1030
	T1031	T1502	T1503	T1999	T2001	T2002	T2003	T2004	T2005
	T2007	T2042	T2043	T2044	T2045	T2046	T2049	T5999	
Vision Services	V2623	V2627	V2628	V2629	V2799	V5080	V5095	V5100	V5110
	V5120	V5130	V5140	V5150	V5160	V5170	V5180	V5190	V5200
	V5210	V5220	V5230	V5240	V5241	V5242	V5243	V5244	V5245
	V5246	V5247	V5248	V5249	V5250	V5251	V5252	V5253	V5254
	V5255	V5256	V5257	V5258	V5259	V5260	V5261	V5262	V5263
	V5264	V5268	V5269	V5270	V5271	V5272	V5273	V5274	V5298
	V5299	V5336							