

**\*PLEASE READ PRIOR TO SUBMITTING PRIOR  
AUTHORIZATION\***

All codes listed require a prior authorization. Presence of a code does not guarantee coverage.

All referrals for second and third (or additional) opinions, as well as out of state providers require prior authorization.

All admissions to subacute care including Inpatient Rehab Facilities (IRF), Long Term Acute Care Hospitals (LTAC), and Skilled Nursing Facilities (SNF) require prior authorization.

Prior authorization is not a guarantee of payment for services. iCare will not retro-authorize any services rendered prior to the determination of a prior authorization.

## BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES

*Partial Hospitalization (PHP), Intensive Outpatient Program (IOP), Day Treatment, Residential Treatment Program, Crisis Stabilization/Diversion, In Home Psychotherapy, and Psychological & Neuropsychological Testing*

*\*Prior Authorization required if >4 hours combined*

96101*	96102*	96105*	96116*	96118*	96119*	96125*	H2012
H0018	90865	90880					

## CATEGORY III CODES

0075T	0076T	0184T	0191T	0249T	0295T	0296T	0297T
0298T	0308T	0376T	0394T	0395T	0717T	0172T	0275T
0281T	0437T	0438T	0396T	0397T	0398T	0399T	0400T
0401T	0402T	0403T	0404T	0405T	0406T	0407T	0408T
0409T	0410T	0411T	0412T	0413T	0414T	0415T	0416T
0417T	0418T	0419T	0420T	0421T	0422T	0423T	0424T
0425T	0426T	0427T	0428T	0429T	0430T	0431T	0432T
0433T	0434T	0435T	0436T	0340T	0341T	0342T	0345T
0346T	0347T	0348T	0349T	0350T	0351T	0352T	0353T
0354T	0355T	0356T	0357T	0358T	0359T	0360T	0631T
0362T	0363T	0364T	0365T	0366T	0367T	0368T	0369T
0370T	0372T	0373T	0374T	0375T	0376T	0377T	0378T
0379T	0380T	0058T	0059T	0439T	0440T	0441T	0442T
0443T	0444T	0445T					

## COSMETIC, PLASTIC, AND RECONSTRUCTIVE PROCEDURES

11920	11921	911922	11950	11951	11952	11954	15780
15781	15782	15783	15786	15787	15788	15789	15792
15793	15820	15821	15822	15823	15824	15825	15826
15828	15829	15830	15832	15833	15834	15835	15836
15837	15838	15839	15847	15876	15877	15878	15879
17630	17380	17999	19300	19316	19318	19324	19325
19328	19330	19340	19342	19350	19355	19357	19361
19364	19366	19367	19368	19369	19370	19371	19380
19396	21141	21142	21143	21145	21146	21147	21150
21151	21154	21155	21159	21160	30120	30400	30410
30420	30430	30435	30450	30460	30462	30465	30520
67900	67901	67902	67903	67904	67906	67908	67909



INDEPENDENT CARE HEALTH PLAN

**COSMETIC, PLASTIC, AND RECONSTRUCTIVE PROCEDURES CONTINUED**

67911	67912	67914	67915	67916	67917	67921	67922
67923	67924	67950					

**DISPOSABLE MEDICAL SUPPLIES**

**IMPORTANT: A prior authorization is required for any disposable medical supplies that are over the Medicare/Medicaid allowable amounts.**

B4102	B4103	B4149	B4150	B4152	B4153	B4154	B4155
B4157	B4158	B4159	B4160	B4161	A4459		

**DURABLE MEDICAL EQUIPMENT**

**IMPORTANT: ALL replacement DME requires prior authorization, regardless of whether prior authorization is required upon initial supply.**

K0606	K0607	K0608	K0609	E2402	E2000	A6501	A6502
A6503	A6504	A6505	A6506	A6507	A6508	A6509	A6510
A6511	A6512	A6513	K0455	K0462	K0552	E0781	E0784
E0181	E0182	E0184	E0185	E0186	E0187	E0193	E0194
E0196	E0197	E0198	E0217	E0277	E0371	E0372	E0373
E0203	E0250	E0251	E0255	E0256	E0260	E0265	E0266
E0290	E0291	E0293	E0294	E0295	E0296	E0297	E0301
E0302	E0303	E0304	E0316	E0329	E0465	E0466	E0470
E0471	E0472	E0484	E0485	E0486	E0601	E0481	E0482
E0483	E0621	E0625	E0627	E0628	E0629	E0630	E0635
E0636	E0637	E0638	E0639	E0640	E0641	E0642	E0650
E0651	E0652	E0655	E0656	E0657	E0660	E0665	E0666
E0667	E0668	E0669	E0670	E0671	E0672	E0673	E0675
E0676	E0720	E0730	E0731	E0744	E0745	E0746	E0747
E0748	E0749	E0760	E0764	E0769	E0770	E0935	E0950
E0955	E0956	E0957	E0958	E0966	E0967	E0968	E0969
E0970	E0974	E0980	E0983	E0984	E0985	E0986	E0988
E0994	E1002	E1003	E1004	E1005	E1006	E1007	E1008
E1009	E1010	E1011	E1014	E1015	E1016	E1017	E1018
E1028	E1029	E1030	E1031	E1035	E1036	E1039	E1050
E1060	E1070	E1083	E1084	E1085	E1086	E1087	E1088
E1089	E1090	E1092	E1093	E1100	E1110	E1130	E1140
E1150	E1160	E1161	E1170	E1171	E1172	E1180	E1190
E1195	E1200	E1220	E1221	E1222	E1223	E1224	E1225
E1226	E1227	E1228	E1229	E1230	E1231	E1232	E1233



INDEPENDENT CARE HEALTH PLAN

**DURABLE MEDICAL EQUIPMENT CONTINUED**

E1234	E1235	E1236	E1237	E1238	E1239	E1240	E1250
E1260	E1270	E1280	E1285	E1290	E1295	E1296	E1297
E1298	E1700	E1701	E1702	E1800	E1801	E1802	E1805
E1806	E1810	E1811	E18112	E1815	E1816	E1818	E1820
E1821	E1825	E1830	E1831	E1840	E1841	E2201	E2202
E2203	E2204	E2205	E2207	E2208	E2209	E2227	E2228
E2230	E2291	E2292	E2293	E2294	E2295	E2300	E2301
E2310	E2311	E2312	E2313	E2321	E2322	E2323	E2324
E2325	E2326	E2327	E2328	E2329	E2330	E2331	E2340
E2341	E2342	E2343	E2351	E2366	E2367	E2368	E2369
E2370	E2373	E2374	E2375	E2376	E2377	E2378	E2397
E2500	E2502	E2504	E2506	E2508	E2510	E2511	E2512
E2599	E2607	E2608	E2609	E2610	E2611	E2612	E2613
E2614	E2615	E2616	E2617	E2620	E2621	E2622	E2623
E2624	E2625	E2626	E2627	E2628	E2629	E2630	E2631
E2632	E2633	E800	E8001	E8002	K0001	K0002	K0003
K0004	K0005	K0006	K0007	K0009	K0010	K0011	K0012
K0014	K0052	K0053	K0056	K0069	K0070	K0071	K0072
K0098	K0105	K0108	K0195	K0669	K0739	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	K0897	K0898	L8614	L8615
L8616	L8617	L8618	L8619	L8621	L8622	L8623	L8624
L8627	L8628	L8629	L8690	L8691	L8692	L8693	L8680
L8681	L8682	L8683	L8684	L8685	L8686	L8687	L8688
L8689	L8695	L8699	S8420	S8422	S8423	S8425	S8426
S8429	E1012	A6501	A6502	A6503	A6504	A6505	A6506
A6507	A6508	A6509	A6510	A6511	A6512	A6513	A6530
A6531	A6532	A6533	A6534	A6535	A6536	A6537	A6539
A6540	A6541	A6544	A6545	A6549	K0017		



INDEPENDENT CARE HEALTH PLAN

**GENETIC TESTING AND MOLECULAR PATHOLOGY**

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81161	81162	81170	81200	81201	81202	81203	81205
81206	81207	81208	81209	81210	81211	81212	81213
81214	81215	81216	81217	81218	81219	81220	81221
81222	81223	81224	81228	81229	81235	81240	81241
81242	81243	81244	81245	81246	81250	81251	81252
81253	81254	81255	81256	81257	81260	81261	81262
81263	81264	81265	81266	81267	81268	81270	81272
81273	81275	81276	81280	81281	81282	81287	81288
81290	81292	81293	81294	81295	81296	81297	81298
81299	81300	81301	81302	81303	81304	81310	81311
81313	81314	81315	81316	81317	81318	81319	81321
81322	81323	81324	81325	81326	81330	81331	81340
81341	81342	81370	81371	81372	81373	81374	81375
81376	81377	81378	81379	81380	81381	81382	81383
81400	81401	81402	81403	81404	81405	81406	81407
81408	81410	81411	81412	81415	81416	81417	81420
81425	81426	81427	81430	81431	81432	81433	81434
81435	81436	81437	81438	81440	81442	81445	81450
81455	81460	81465	81470	81471	81479	81490	81493
81500	81503	81504	81506	81507	81508	81509	81510
81511	81512	81519	81525	81528	81535	81536	81538
81540	81545	81595	81599	81355	87149	87150	87153
87493	88230	88233	88235	88237	88239	88240	88241
88245	88248	88249	88261	88262	88263	88267	88269
88271	88272	88273	88274	88275	88280	88283	88285
88259	88291	88299	88387	88388			

**HOME HEALTH SERVICES AND HOSPICE**

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G0151	G0152	G0153	G0156	G0157	G0158	G0159	G0160
G0161	G0162	G0163	G0164	G0475	G0300	T1019	T1021
99509	T1001	T1502	92507	97139	97799	99504	99600
G0155	T2042	T2043	T2044	T2045	T2046		

## HEARING

V5366	V5030	V5040	V5050	V5060	V5070	V5080	V5090
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	V5264	V5267	V5273	V5274
V5275	V5281	V5282	V5283	V5284	V5285	V5286	V5287
V5288	V5289	V5290	V5298	V5299			

## PAIN MANAGEMENT PROCEDURES

*\*If done for purposes other than pain management no PA required.*

27096	62310	62311	62318	62319	62350	62351	62355
62360	62361	62362	62365	62367	62368	62369	63650
63655	64400*	64402*	64405*	64408*	64410*	64489*	64413*
64415*	64416*	64417*	64418*	64420*	64421*	64425*	64430*
64435*	64445*	64446*	64447*	64448*	64449*	64450*	64455*
64461*	64462*	64463*	64479	64480	64483	64484	64486*
64487*	64488*	64681	64490	64491	64492	64493	64494
64495	64505	64508	64510	64517	64520	64530	64600
64605	64610	64611	64612	64613	64614	64615	64620
64630	64632	64633	64634	64635	64636	64640	64650
64653	64680	64461*	64462*	64463*			

## OUTPATIENT THERAPIES (PT, OT, ST, AUDITORY, CARDIAC & PULMONARY REHAB)

*Prior authorization must be submitted within 2 weeks after the initial evaluation.*

*\*PA only required if completed during PT/OT.*

90901	92507	92508	92520	92521	92522	92523	92524
92526	92597	92607	92608	92609	92626	92610	92611
92612	92613	92614	92620	92621	92626	92627	92630
92633	93797	93798	94667	94669	96105	97001	97002
97003	97004	97010	97012	97014	97016	97018	97022
97024	97026	97028	97032	97033	97034	97035	97036
97039	97110	97112	97113	97116	97124	97139	97140



INDEPENDENT CARE HEALTH PLAN

**OUTPATIENT THERAPIES (PT, OT, ST, AUDITORY, CARDIAC & PULMONARY REHAB) CONTINUEU**

97150	97530	97532	97533	97535	97537	97542	97545
97546	97597*	97598*	G0128	G0129	G0237	G0238	G0239
G0281	G0282	G0283	G0422	G0423	G0424	95992	97760

**ORTHOTICS**

L0112	L0113	L0170	L0470	L0480	L0482	L0484	L0486
L0188	L0490	L0624	L0629	L0631	L0632	L0364	L0635
L0636	L0637	L0638	L0640	L0649	L0650	L0651	L0700
L0710	L1810	L1820	L0860	L0859	L0999	L1000	L1001
L0005	L1200	L1300	L1310	L1499	L1680	L1685	L1686
L1690	L1700	L1710	L1720	L1730	L1755	L1832	L1834
L1840	L1843	L1844	L1845	L1846	L1847	L1860	L1900
L1904	L1907	L1920	L1932	L1940	L1945	L1950	L1951
L1960	L1970	L1980	L1990	L2000	L2005	L2010	L2020
L2030	L2034	L2036	L2037	L2038	L2106	L2108	L2112
L2114	L2116	L2126	L2128	L2132	L2134	L2136	L2755
L2861	L2999	L3000	L3001	L3002	L3003	L3010	L3020
L3030	L3031	L3040	L3050	L3060	L3070	L3080	L3090
L3100	L3140	L3150	L3160	L3170	L3201	L3202	L3203
L3204	L3206	L3207	L3208	L3209	L3211	L3212	L3213
L3214	L3215	L3216	L3217	L3219	L3221	L3222	L3224
L3225	L3230	L3250	L3251	L3252	L3253	L3254	L3255
L3257	L3260	L3265	L3300	L3310	L3320	L3330	L3332
L3334	L3340	L3350	L3360	L3370	L3380	L3390	L3400
L3410	L3420	L3430	L3440	L3450	L3455	L3460	L3465
L3470	L3480	L3485	L3649	L3764	L3766	L3806	L3808
L3891	L3900	L3901	L3904	L3905	L3906	L3915	L3921
L3960	L3961	L3962	L3967	L3971	L3973	L3975	L3976
L3977	L3978	L4000	L4002	L4010	L4020	L4030	L4040
L4045	L4050	L4055	L4060	L4070	L4080	L4090	L4100
L4110	L4130	L4205	L4210	S1040	A5500	A5501	A5503
A5504	A5505	A5506	A5507	A5508	A5510	A5512	A5513



INDEPENDENT CARE HEALTH PLAN

**OTHER PROCEDURES**

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55970	55980	19499	20974	20975	20979	21010	21050
21060	21070	21073	21116	21198	21199	21206	21208
21209	21210	21215	21230	21235	21240	21242	21243
21244	21245	21246	21247	21248	21249	21270	21295
21296	29800	29804	28890	36468	36469	36470	36471
36475	36476	36478	36479	37500	37501	37700	37718
37722	37735	37760	37761	37765	37766	37780	37785
43644	43645	43647	43648	43651	43652	43653	43659
43770	43771	43772	43773	43774	43775	43842	43843
43845	43846	43847	43848	43850	43855	43860	43865
43886	43887	43888	43999	64612	64613	64614	64615
64616	64617	64620	64630	64632	64650	64642	64643
64644	64645	64646	64647	64653	64680	64681	95873
95874	67345	69930	69710	69711	69714	69715	69717
69718	92601	92602	92603	92604	90378	91110	91111
90901	90911	96020	96900	96910	96912	96913	76801
52402	54500	54505	55200	55300	55400	55550	55870
58321	58322	58323	58340	58345	58350	58700	58720
58740	58750	58752	58760	58770	58970	58974	58976
58770	58970	58974	58976	74440	74740	74742	76948
82670	83001	83002	89250	89251	89253	89254	89255
89257	89258	89259	89260	89261	89264	89268	89272
89280	89281	89290	89291	89300	89310	89320	89321
89322	89325	89329	89330	89331	89335	89342	89343
89344	89346	89352	89353	89354	89356	89398	92615
92618	92605	92606	99605	99606	G0027	J0725	J1380
J3355	J9218						





INDEPENDENT CARE HEALTH PLAN

**PROSTHETICS**

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L5000	L5010	L5020	L5050	L5060	L5100	L5105	L5150
L5160	L5200	L5210	L5220	L5230	L5250	L5270	L5280
L5301	K5312	L5321	L5331	L5341	L5400	L5410	L5420
L5430	L5450	L5460	L5500	L5505	L5510	L5520	L5530
L5535	L5540	L5560	L5570	L5580	L5585	L5590	L5595
L5600	L5610	L5611	L5613	L5614	L5616	L5617	L5618
L5620	L5622	L5624	L5626	L5628	L5629	L5630	L5631
L5632	L5634	L5636	L5637	L5638	L5639	L5640	L5642
L5643	L5644	L5645	L5646	L5647	L5648	L5649	L5650
L5651	L5652	L5653	L5654	L5655	L5656	L5658	L5661
L5665	L5666	L5668	L5670	L5671	L5672	L5673	L5676
L5677	L5678	L5679	L5680	L5681	L5682	L5683	L5684
L5685	L5686	L5688	L5960	L5692	L5694	L5695	L5696
L5697	L5698	L5699	L5700	L5701	L57001	L5703	L5704
L5705	L5706	L5707	L5710	L5711	L5712	L5714	L5716
L5718	L5722	L5724	L5726	L5728	L5780	L5781	L5782
L5785	L5790	L5795	L5810	L5811	L5812	L5814	L5816
L5818	L5822	L5824	L5826	L5828	L5830	L5840	L5845
L5848	L5850	L5855	L5856	L5857	L5858	L5859	L5810
L5920	L5925	L5930	L5940	L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5969	L5970	L5971	L5972	L5973
L5974	L5975	L5976	L5978	L5979	L5980	L5981	L5982
L5984	L5985	L5986	L5987	L5988	L5990	L5999	L6000
L6010	L6020	L6026	L6050	L6055	L6100	L6110	L6120
L6130	L6200	L6205	L6250	L6300	L6310	L6320	L6350
L6360	L6370	L6380	L6382	L6384	L6386	L6388	L6400
L6450	L6500	L6550	L6570	L6580	L6582	L6584	L6586
L6588	L6590	L6600	L6605	L6610	L6611	L6615	L6616
L6620	L6621	L6623	L6624	L6625	L6628	L6629	L6630
L6632	L6635	L6637	L6638	L6640	L6641	L6642	L6645
L6646	L6647	L6648	L6650	L6655	L6660	L6665	L6670
L6672	L6675	L6676	L6677	L6680	L6682	L6684	L6672
L6687	L6688	L6689	L6690	L6691	L6692	L6693	L6694
L6695	L6696	L6697	L6698	L6703	L6704	L6706	L6707
L6709	L6711	L6712	L6713	L6714	L6715	L6721	L6722
L6805	L6810	L6880	L6881	L6882	L6883	L6884	L6885
L6890	L6895	L6900	L6905	L6910	L6915	L6920	L6925
L6930	L6935	L6940	L6945	L6950	L6955	L6960	L6965
L6970	L6975	L7007	L7008	L7009	L7040	L7045	L7170
L7180	L7181	L7185	L7186	L7190	L7191	L7259	L7260
L7261	L7360	L7362	L7364	L7366	L7367	L7368	L7400



INDEPENDENT CARE HEALTH PLAN

**PROSTHETICS CONTINUED**

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L7401	L7402	L7403	L7404	L7405	L7499	L7510	L7600
L8000	L8001	L8002	L8010	L8015	L8020	L8030	L8031
L8032	L8035	L8039	L8040	L8041	L8042	L8043	L8044
L8045	L8046	L8047	L8048	L8049			

**ALL TELEHEALTH (INCLUDES TELEMEDICINE)**

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**TRANSPLANT SERVICES**

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65710	65730	65750	65755	65756	65757	65780	65781
65782	50300	50320	50323	50325	50327	50328	50329
50340	50360	50365	50370	50380	50547	38204	38205
38206	38220	38221	38230	38232	38240	38241	38242
33930	33933	33935	33940	33944	33945	47133	47135
44137	47140	47141	47142	47143	47144	47145	47146
47147	32850	32851	32852	32853	32854	32855	32856
48160	48550	48551	48552	48554	58556	60512	44132
44133	44135	44136					

**TRANSPORTATION**

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A0430	A0431	A0435	A0436				
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**URINE DRUG SCREEN**

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G0477	G0478	G0479	G0480	G0481	G0482	G0483	
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INDEPENDENT CARE HEALTH PLAN

**VISION**

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V2118	V2199	V2218	V2299	V2318	V2399	V2410	V2430
V2499	V2600	V2610	V2615	V2623	V2624	V2625	V2626
V2700	V2710	V2718	V2730	V2744	V2745	V2755	V2760
V2761	V2762	V2770	V2780	V2781	V2782	V2783	V2784
V2786	V2797	V2799	S0516				

**MISCELLANEOUS**

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20999	21299	21499	T1002	T1003	92700	93799	
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