

***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 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.

Long term care services covered under iCare's Family Care Partnership Program also require a prior authorization from the Interdisciplinary Team.



INDEPENDENT CARE HEALTH PLAN

BEHAVIORAL HEALTH, MENTAL HEALTH, ALCOHOL & CHEMICAL DEPENDENCY SERVICES

**Prior Authorization required if >4 hours combined*

96101*	96102*	96105*	96116*	96118*	96119*	96125*	
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CATEGORY III CODES

0058T	0345T	0361T	0378T	0407T	0423T	0441T	0460T
0075T	0346Y	0362T	0379T	0408T	0424T	0442T	0461T
0076T	0347T	0363T	0380T	0409T	0425T	0443T	0462T
0184T	0348T	0364T	0394T	0410T	0426T	0444T	0463T
0275T	0349T	0365T	0395T	0411T	0427T	0445T	0464T
0191T	0350T	0366T	0396T	0412T	0428T	0449T	0465T
0295T	0351T	0367T	0397T	0413T	0429T	0450T	0466T
0296T	0352T	0368T	0398T	0414T	0430T	0451T	0467T
0297T	0353T	0369T	0399T	0415T	0431T	0452T	0468T
0298T	0354T	0370T	0400T	0416T	0432T	0453T	
0281T	0355T	0372T	0401T	0417T	0433T	0454T	
0298T	0356T	0373T	0402T	0418T	0434T	0455T	
0308T	0357T	0374T	0403T	0419T	0435T	0456T	
0340T	0358T	0375T	0404T	0420T	0436T	0457T	
0341T	0359T	0376T	0405T	0421T	0439T	0458T	
0342T	0360T	0377T	0406T	0422T	0440T	0459T	

COSMETIC, PLASTIC, AND RECONSTRUCTIVE PROCEDURES

11920	15789	15833	17999	19364	21147	30460	67914
11921	15792	15834	19300	19366	21150	30462	67915
11922	15793	15835	19316	19367	21151	30465	67916
11950	15820	15836	19318	19368	21154	30520	67917
11951	15821	15837	19324	19369	21155	67900	67921
11952	15822	15838	19325	19370	21159	67901	67922
11954	15823	15839	19328	19371	21160	67902	67923
15780	15824	15847	19330	19380	30120	67903	67924
15781	15825	15876	19340	19396	30400	67904	67950
15782	15826	15877	19342	21141	30410	67906	
25783	15828	15878	19350	21142	30420	67908	
15786	15829	15879	19355	21143	30430	67909	
15787	15830	17360	19357	21145	30435	67911	
15788	15832	17380	19361	21146	30450	67912	

DISPOSABLE MEDICAL SUPPLIES

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

BOWEL MANAGEMENT DEVICES

A4459

CONTINUOUS GLUCOSE MONITORING DEVICES

A9277	A9278
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ENTERAL NUTRITION

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

DURABLE MEDICAL EQUIPMENT

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

COMPRESSION GARMENTS

A6501	A6504	A6507	A6510	A6513	S8422	S8426
A6502	A6505	A6508	A6511	A6549	S8423	S8429
A6503	A6506	A6509	A6512	S8420	S8425	

PRESSURE RELIEVING SURFACES

E0181	E0184	E0186	E0193	E0196	E0198	E0277	E0372
E0182	E0185	E0187	E0194	E0197	E0217	E0371	E0373

HOME HEALTH EQUIPMENT

E0203	E1800	E1810	E1818	E1831	E2502	E2511	E8002
E0935	E1801	E1811	E1820	E1840	E2504	E2512	
E1700	E1802	E1812	E1821	E1841	E2506	E2599	
E1701	E1805	E1815	E1825	E2402	E2508	E8000	
E1702	E1806	E1816	E1830	E2500	E2510	E8001	

HOSPITAL BEDS AND ACCESSORIES

E0250	E0256	E0266	E0293	E0296	E0302	E0316
E0251	E0260	E0290	E0294	E0297	E0303	E0329
E0255	E0265	E0291	E0295	E0301	E0304	

DURABLE MEDICAL EQUIPMENT CONTINUED

OXYGEN AND RESPIRATORY EQUIPMENT

E0465	E0470	E0472	E0482	E0483	E0486
E0466	E0471	E0481	E0484	E0485	E0601

PATIENT LIFTS AND ACCESSORIES

E0621	E0627	E0630	E0636	E0638	E0640	E0642
E0625	E0629	E0635	E0637	E0639	E0641	

COMPRESSION DEVICES AND APPLIANCES

E0650	E0655	E0660	E0667	E0670	E0675
E0651	E0656	E0665	E0668	E0671	E0676
E0652	E0657	E0666	E0669	E0673	

TENS DEVICES AND OTHER STIMULATORS

E0720	E0745	E0749	E0770	L8682	L8686	L8695
E0730	E0746	E0760	L8680	L8683	L8687	L8699
E0731	E0747	E0764	L8680	L8684	L8688	
E0744	E0748	E0769	L8681	L8685	L8689	

WHEELCHAIRS AND ACCESSORIES (MANUAL AND POWER OPERATED)

K0001	K0105	K0825	K0852	K0880	E0983	E1017	E1092
K0002	K0108	K0826	K0853	K0884	E0984	E1018	E1093
K0003	K0195	K0827	K0854	K0885	E0985	E1028	E1100
K0004	K0669	K0828	K0855	K0886	E0986	E1029	E2220
K0005	K0739	K0829	K0856	K0890	E0988	E1030	E1130
K0006	K0800	K0830	K0857	K0891	E0994	E1031	E1140
K0007	K0801	K0831	K0858	K0897	E1002	E1035	E1150
K0009	K0802	K0835	K0859	K0898	E1003	E1036	E1160
K0010	K0806	K0836	K0860	E0950	E1004	E1039	E1161
K0011	K0807	K0837	K0861	E0955	E1005	E1050	E1170
K0014	K0812	K0838	K0862	E0956	E1006	E1060	E1171
K0017	K0813	K0839	K0863	E0957	E1007	E1070	E1172
K0052	K0814	K0840	K0864	E0958	E1008	E1083	E1180
K0053	K0815	K0841	K0868	E0966	E1009	E1084	E1190
K0056	K0816	K0842	K0869	E0967	E1010	E1085	E1195
K0069	K0820	K0843	K0870	E0968	E1011	E1086	E1200
K0070	K0821	K0848	K0871	E0969	E1012	E1087	E1220
K0071	K0822	K0849	K0877	E0970	E1014	E1088	E1221
K0072	K0823	K0850	K0878	E0974	E1015	E1089	E1222
K0098	K0824	K0851	K0879	E0980	E1016	E1090	E1223



DURABLE MEDICAL EQUIPMENT CONTINUED

WHEELCHAIRS AND ACCESSORIES (MANUAL AND POWER OPERATED) CONTINUED							
E1224	E1237	E1298	E2292	E2324	E2366	E2608	E2623
E1225	E1238	E2201	E2293	E2325	E2367	E2609	E2624
E1226	E1239	E2202	E2294	E2326	E2368	E2610	E2625
E1227	E1240	E2203	E2295	E2327	E2369	E2611	E2626
E1228	E1250	E2204	E2300	E2328	E2370	E2612	E2627
E1229	E1260	E2205	E2301	E2329	E2373	E2613	E2628
E1230	E1270	E2207	E2310	E2330	E2374	E2614	E2629
E1231	E1280	E2208	E2311	E2331	E2375	E2615	E2630
E1232	E1285	E2209	E2312	E2340	E2376	E2616	E2631
E1233	E1290	E2227	E2313	E2341	E2377	E2617	E2632
E1234	E1295	E2228	E2321	E2342	E2378	E2620	E2633
E1235	E1296	E2230	E2322	E2343	E2397	E2621	
E1236	E1297	E2291	E2323	E2351	E2607	E2622	

INFUSION AND OTHER PUMPS AND SUPPLIES			
K0455	K0462	K0552	E2000

DEFIBRILLATORS AND ACCESSORIES			
K0606	K0607	K0608	K0609

ENHANCED BENEFITS

In Home Meals	
S5170	

Personal Emergency Response System (PERS)	
S5160	S5161



INDEPENDENT CARE HEALTH PLAN

GENETIC TESTING AND MOLECULAR PATHOLOGY

81161	81228	81270	81317	81381	81432	81511	88261
81162	81229	81272	81318	81382	81433	81512	88262
81170	81235	81273	81319	81383	81434	81519	88263
81200	81240	81275	81321	81400	81435	81525	88264
81201	81241	81276	81322	81401	81436	81528	88269
81202	81242	81287	81323	81402	81437	81535	88271
81203	81243	81288	81324	81403	81438	81536	88272
81205	81244	81290	81325	81404	81439	81538	88273
81206	81245	81292	81326	81405	81440	81539	88274
81207	81246	81293	81327	81406	81442	81540	88275
81208	81250	81294	81330	81407	81445	81545	88280
81209	81251	81295	81331	81408	81450	81595	88283
81210	81252	81296	81340	81410	81455	81599	88285
81211	81253	81297	81341	81411	81460	87149	88289
81212	81254	81298	81342	81412	81470	87150	88291
81213	81255	81299	81355	81413	81471	87153	88299
81214	81256	81300	81370	81414	81479	87493	88387
81215	81257	81301	81371	81415	81490	88230	88388
81216	81260	81302	81372	81416	81493	88233	
81217	81261	81303	81373	81417	81500	88235	
81218	81262	81304	81374	81420	81503	88237	
81219	81263	81310	81375	81422	81504	88239	
81220	81264	81311	81376	81425	81506	88240	
81221	81265	81313	81377	81426	81507	88241	
81222	81266	81314	81378	81427	81508	88245	
81223	81267	81315	81379	81430	81509	88248	
81224	81268	81316	81380	81431	81510	88249	

HEARING

V5030	V5110	V5190	V5243	V5251	V5259	V5281	V5289
V5040	V5120	V5200	V5244	V5252	V5260	V5282	V5290
V5050	V5130	V5210	V5245	V5253	V5261	V5283	V5298
V5060	V5140	V5220	V5246	V5254	V5264	V5284	V5299
V5070	V5150	V5230	V5247	V5255	V5267	V5285	
V5080	V5160	V5240	V5248	V5256	V5273	V5286	
V5090	V5170	V5241	V5249	V5257	V5274	V5287	
V5100	V5180	V5242	V5250	V5258	V5275	V5288	



INDEPENDENT CARE HEALTH PLAN

HOME HEALTH SERVICES AND HOSPICE

G0151	G0158	G0163	G0495	T1502	T2046	97799
G0152	G0159	G0163	G0496	T2042	S9123	99504
G0153	G0160	G0299	T1001	T2043	S9124	99509
G0156	G0161	G0300	T1019	T2044	92507	99600
G0157	G0162	G0493	T1021	T2045	97139	

PAIN MANAGEMENT PROCEDURES

**If done same day as surgery, no PA required.*

27096	62318	62320	62321	62322	62323	62324	62325
62366	62327				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	92627	92630	97010
92633	93797	93798	94667	94669	96105	97012	97014
97161	97162	97163	97164	97165	97016	97018	97022
97024	97026	97028	97032	97033	97034	97035	97036
97039	97110	97112	97113	97116	97124	97139	97140
97150	97530	97532	97533	97535	97537	97542	97545
97546	97597*	97598*	G0128	G0129	G0237	G0238	G0239
G0281	G0282	G0283	G0422	G0423	G0424	95992	97760
97166	97167	97168	97169	97170	97171	97172	



INDEPENDENT CARE HEALTH PLAN

ORTHOTICS

L0112	L0113	L0170	L0470	L0480	L0482	L0484	L0486
L0488	L0490	L0624	L0629	L0631	L0632	L0364	L0635
L0636	L0637	L0638	L0640	L0649	L0650	L0651	L0700
L0710	L1810	L1820	L1860	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		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

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	36473	36474				

PROSTHETICS

L5000	L5010	L5020	L5050	L5060	L5100	L5105	L5150
L5160	L5200	L5210	L5220	L5230	L5250	L5270	L5280
L5301	L5312	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



INDEPENDENT CARE HEALTH PLAN

PROSTHETICS CONTINUED

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	L5702	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	L5910
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	L6686
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
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)



INDEPENDENT CARE HEALTH PLAN

TRANSPLANT SERVICES

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

A0430	A0431	A0435	A0436				
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URINE DRUG SCREEN

G0480	G0481	G0482	G0483	80305	80306	80307	G0659
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VISION

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	V2500	V2501	V2502	V2503
V2510	V2511	V2512	V2513	V2520	V2521	V2522	V2523
V2530	V2531	V2599					

MISCELLANEOUS

20999	21299	21499	T1002	T1003	92700	93799	
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