



Prior Authorization Types

Procedure codes are categorized as always, sometimes, or never requiring a prior authorization for a service to be performed. This document outlines the criteria for prior authorizations and which codes may require them.

Note: Personal Care Services are not listed in the tables below as these services are “Always” authorized.

- **Always:** The payer always requires an authorization to perform the service.
 - Authorization(s) are required to be received on the Prior Authorization file.
 - Visits must be associated to the received authorization from the payer.
 - Third-Party EVV vendors must include the correct authorization number in the ‘AuthRefNo’ field outlined in the CareBridge Integration Specifications when sending EVV visit data to CareBridge for these services.

- **Sometimes:** The payer only requires an authorization to perform the service in some situations. (ex. authorization is required for out-of-network provider, authorization is not required for initial # visits, etc.). CareBridge will accept visits for services that are “sometimes” authorized up until the payer sends the authorization to CareBridge.
 - If an authorization for this service **is sent** to CareBridge by the Health Plan:
 - CareBridge users are required to complete, and bill associated EVV visit against the issued authorization number.
 - Third-Party EVV vendors are required to send EVV visits and billing data to CareBridge with the correct authorization number in the ‘AuthRefNo’ field outlined in the CareBridge Integration Specifications.
 - If the ‘AuthRefNo’ field is sent with a value not matching the authorization number that CareBridge received from the health plan for this member, provider, service code and date span, a pre-billing alert will trigger and be returned to the provider. Claims will NOT be generated/sent to the payer until provider resolves the alert.
 - If the ‘AuthRefNo’ field is sent blank (null), CareBridge will attempt to match to an authorization number using other data from the visit data (ex. Member MedicaidID, service code, DOS, etc.).
 - i. If a match is found, the visit will be associated to the issued authorization number.
 - ii. If a match is not found the visit will be treated as if an authorization was not sent to CareBridge by the Health Plan.



- If an authorization for this service **is not sent** to CareBridge by the Health Plan:
 - CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
 - Third-Party EVV systems users are required to send EVV visits and billing data to CareBridge with the 'AuthRefNo' field blank (null) as outlined in the CareBridge Integration Specifications.
 - If the 'AuthRefNo' field is sent with a value a pre-billing alert will trigger and be returned to the provider. Claims will NOT be generated/sent to the Health Plan until provider resolves the alert.
- **Never:** The payer *does not* require or issue an authorization to perform the service.
 - The payer will not send authorizations to CareBridge for services that are “never” authorized”. If an authorization is sent to CareBridge by either the payer or the provider for these services, providers may experience issues with the related visits.
 - CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
 - Third-Party EVV vendors are required to send the the 'AuthRefNo' field as null for all EVV Visits.

Authorization category assignments are captured below.



North Carolina

Healthy Blue

Authorization Requirements

Code	Mod	Description	Prior Authorized
92521	None	Evaluation of speech fluency	Sometimes
92522	None	Evaluation of speech sound production	Sometimes
92523	None	Evaluation of speech sound production; with evaluation of language comprehension and expression	Sometimes
97161	None	Physical therapy evaluation; low complexity, requiring components	Sometimes
97162	None	Physical therapy evaluation; moderate complexity requiring components	Sometimes
97163	None	Physical therapy evaluation; high complexity requiring components	Sometimes
97164	None	Re-evaluation of physical therapy established plan of care requiring components	Always
97165	None	Occupational therapy evaluation; low complexity requiring components	Sometimes
97166	None	Occupational therapy evaluation; moderate complexity requiring components	Sometimes
97167	None	Occupational therapy evaluation; high complexity requiring components	Sometimes
97168	None	Re-evaluation of occupational therapy care/established plan of care requiring components	Always
G0151	None	Services performed by a qualified therapist in the home health or hospice setting	Always
G0152	None	Services performed by a qualified occupational therapist in the home health or hospice setting	Always
G0153	None	Services performed by a qualified speech-language pathologist in the home health or hospice setting	Always
G0156	None	Services of home health/hospice aide in home health or hospice settings	Sometimes



G0157	None	Services performed by a qualified physical therapist assistant in the home health or hospice setting	Always
G0158	None	Services performed by a qualified occupational therapist assistant in the home health or hospice setting	Always
G0159	None	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program	Always
G0160	None	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program	Always
G0161	None	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program	Always
G0162	None	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care	Always
G0283	None	Electrical Stimulation (Unattended), To One Or More Areas For Indication(s) Other Than Wound Care, as part of a therapy plan of care	Always
G0299	None	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	Always
G0300	None	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting	Always
G0493	None	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition	Sometimes
G0494	None	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition	Sometimes
G0495	None	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting	Sometimes
G2168	None	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program	Always
G2169	None	Services performed by an occupational therapist assistant in the home health setting in the delivery of a	Always



		safe and effective occupational therapy maintenance program	
S9122	None	Home health aide or certified nurse assistant, providing care in the home	Always
S9123	None	Nursing care, in the home; by registered nurse	Always
S9124	None	Nursing care, in the home; by licensed practical nurse	Always
S9128	None	Speech therapy, in the home	Always
S9129	None	Occupational therapy, in the home	Always
S9131	None	Physical therapy, in the home	Always
T1002	None	RN services,	Always
T1021	None	Home health aide or certified nurse assistant	Sometimes
T1030	None	Nursing Care, In The Home, By Registered Nurse	Always