

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

HOME HEALTH SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	Service Limits	Additional Information
0421	PHYSICAL THERAPY	HOME HEALTH	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 60 visits Codes 0551, 0571, 0441, 0421, 0431 combined in a calendar year	Alternative Benefit Plan Medicaid Members require an authorization from first home visit. Registration Required at admission or in January when services are continued from the previous calendar year for first 60 units
0431	OCCUPATIONAL THERAPY	HOME HEALTH	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 60 visits Codes 0551, 0571, 0441, 0421, 0431 combined in a calendar year	Alternative Benefit Plan Medicaid Members require an authorization from first home visit. Registration Required at admission or in January when services are continued from the previous calendar year for first 60 units
0441	SPEECH LANGUAGE PATHOLOGY	HOME HEALTH	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 60 visits Codes 0551, 0571, 0441, 0421, 0431 combined in a calendar year	Alternative Benefit Plan Medicaid Members require an authorization from first home visit. Registration Required at admission or in January when services are continued from the previous calendar year for first 60 units
0551	SKILLED NURSING SERVICES	HOME HEALTH	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 60 visits Codes 0551, 0571, 0441, 0421, 0431 combined in a calendar year	Alternative Benefit Plan Medicaid Members require an authorization from first home visit. Registration Required at admission or in January when services are continued from the previous calendar year for first 60 units
0571	HOME HEALTH AIDE SERVICES	HOME HEALTH	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 60 visits Codes 0551, 0571, 0441, 0421, 0431 combined in a calendar year	Alternative Benefit Plan Medicaid Members require an authorization from first home visit. Registration Required at admission or in January when services are continued from the previous calendar year for first 60 units
EPSDT	EPSDT SERVICE	HOME HEALTH	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
OON Service	OUT-OF-NETWORK SERVICE	HOME HEALTH	REQUIRED	No Restriction	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.