

# WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

## INPATIENT HOSPITAL 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 Types	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
LOS (LENGTH OF STAY)	MEDICAL INPATIENT HOSPITAL SERVICE	ACUTE MEDICAL	REQUIRED	No Restriction	PRICED		
LOS (LENGTH OF STAY)	MEDICAL INPATIENT HOSPITAL SERVICE	INPATIENT SURGERY	REQUIRED	No Restriction	PRICED		
LOS (LENGTH OF STAY)	MEDICAL INPATIENT HOSPITAL SERVICE	TRANSPLANT	REQUIRED				
EPSDT	EPSDT SERVICE	ALL INPATIENT SERVICE TYPES INDICATED	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: <a href="https://dhhr.wv.gov/HealthCheck/Pages/default.aspx">https://dhhr.wv.gov/HealthCheck/Pages/default.aspx</a>
OON Service	OUT-OF-NETWORK SERVICE	ALL INPATIENT SERVICE TYPES INDICATED	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.

The following list of DRG's do not require prior authorization. Please note that prior authorization is required for infants transferred to another facility following birth. Prior authorization should not be submitted until the baby is given a Medicaid ID number. **Providers should not submit the request under the mother's ID number.** A courtesy review may be submitted, by providers, if desired, and within 72 hours of admission to the second facility so the provider has record of medical necessity BUT the prior authorization number cannot be sent to claims vendor until the infant's Medicaid ID number is established.

DRG Code	Description
768	VAGINAL DELIVERY WITH OR PROCEDURE EXCEPT STERILIZATION
769	POSTPARTUM AND POSTABORTION DIAGNOSIS WITH OR PROCEDURE
770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
776	POSTPARTUM AND POST ABORTION DIAGNOSES WIHTOUT OR
779	ABORTION WITHOUT D&C
789	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
790	EXTREME IMMATURETY OF RESPIRATORY DISTRESS SYNDROME, NEONATE
791	PREMATURITY WITH MAJOR PROBLEMS
792	PREMATURITY WITHOUT MAJOR PROBLEMS
793	FULL TERM NEONATE WITH MAJOR PROBLEMS
794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS
795	NORMAL NEWBORN

The following is a list of CPT codes that are EXCEPTIONS to the SINGLE PA for an inpatient admission and REQUIRE the physician performing the procedure to obtain a PA as well. In instances where these codes are requested a service request must be submitted with the INPATIENT FACILITY as the SERVICING provider (as per usual procedure) AND a SECOND REQUEST must be submitted for the same inpatient code (LOS) with the PHYSICIAN as the SERVICING provider (the CPT Code should be indicated in the notes section of both requests). This dual request can be achieved in 2 ways: 1) the physician/surgeon can request BOTH 2) the inpatient facility may request the PA for their facility AND the physician/surgeon may submit a separate request.

CPT Code	Description
35535	hepatorenal
35570	tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35632	ilio-celiac
35633	ilio-mesenteric
35634	iliorenal
43332	repair, paraesophageal hatal hernia, including fundoplication, via laparotomy, except neonatal,
43333	with implantation of mesh or other prosthesis
43334	repair, paraesophageal hernia (including fundoplication) via thoractomy, except neonatal without
43335	repair, paraesophageal hernia (including fundoplication) via thoractomy, except neonatal with
43336	repair, paraesophageal hernia (including fundoplication) via thoracoabdominal incision, except neonatal without implantation of mesh or other prosthesis
43337	repair, paraesophageal hernia (including fundoplication) via thoracoabdominal incision, except neonatal with implantation of mesh or other prosthesis
43644	laparoscopy, surgical, gasatric restrictive procedure; with gastric bypass and Roux-en Y gastroenterostomy (roux limb 150 cm or less)
43645	laparoscopy, with gastric bypass and small intestine reconstruction to limit absorption

<b>43647</b>	laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
<b>43846</b>	gastric restrictive procedure, with gastric bypass for morbid obesity with short lim (150 cm or less) Roux-en-Y gastroenterostomy
<b>43847</b>	gastric restrictive procedure, with gastric bypass for morbid obesity with short lim (150 cm or less) Roux-en-Y gastroenterostomy with small intestine reconstruction to limit absorption
<b>43848</b>	revision, open of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device
<b>43881</b>	implantation of replacement of gastric neurostimulator electrodes
<b>43882</b>	Revision or removal of gastric neurostimulator electrodes, antrum, open
<b>64561</b>	sacral nerve (transforaminal placement) including image guidance, if performed
<b>64581</b>	sacral nerve (transforaminal placement) including image guidance, if performed
<b>64585</b>	revision or removal of peripheral neurostimulator elctrode array
<b>64590</b>	insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling