WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

INPATIENT REHABILITATION 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
LOS (LENGTH OF STAY)	MEDICAL INPATIENT REHABILITATION SERVICE	INPATIENT REHABILITATION	*REQUIRED*	No Restriction	PRICED		The claims vendor does not require us to submit the individual service codes for the inpatient rehab stay.
OON Service	OUT-OF-NETWORK SERVICE	INPATIENT REHABILITATION	*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.