



Referral Codes and Profile Review Resource

Quick Reference Guide For TRICARE West Region Providers

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Introduction

When submitting referrals and authorizations, providers need to list the appropriate referral codes and profiles on their requests. When selecting the appropriate profile, **please do not make any changes to the preset CPT codes included within the profile**. If additional codes are needed, simply add a new service line with the appropriate code(s), rather than modifying the existing profile. This does not apply to the generic profiles, as those are designed to require CPT codes to be entered manually.

This guide lists each profile code, its description, what procedure codes it includes, how long that profile code is valid for once approved, and what services and situations that profile code applies to. Use this list to determine the correct profile for a referral or authorization.

Applied Behavioral Analysis (ABA)

Table 1: ABA Profile Information

Profile Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
ABA Applied Behavior Analysis - Eval	97151-97151	90 Days	Initial ABA evaluation for the Autism Care Demonstration (ACD); ABA used with a diagnosis of Autism Spectrum Disorder (ASD)
ABA Applied Behavior Analysis Outcome Measures	97151-97151	365 Days	For providers that complete the Vineland, the social responsiveness scale (SRS), and the patient safety indicator (PSI)/stress index for parents of adolescents (SIPA)
ABA Applied Behavior Analysis - Primary Care Manager (PCM) Referral	97151-97151	730 Days	ABA – PCM referral requests for ACD; used with diagnosis of ASD; required every 2 years, can be up to 6 months in advance.
ABA Applied Behavior Analysis - Request	97151-97151 99366-99366 99368-99368 97153-97153 97155-97155 97156-97156 97157-97157 97158-97158	180 Days	ABA – Request for all ACD; used with diagnosis of ASD; Care Plan and Survey need to be attached



Profile Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
ABA Applied Behavior Analysis - Second Opinion	97151-97151	180 Days	ABA – Second Opinion requests for ACD; used with diagnosis of ASD

Mental Health (MH)

Table 2: MH Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Behavioral Assessments for Mental Health	96156-96159	90 Days	Behavioral Assessments for Mental Health
MH ElectroConvulsive Treatment (ECT)	90870-90870 90791-90792	180 Days	Mental Health Electroconvulsive Treatment
MH Family Outpatient Therapy	90846-90849	180 Days	MH request for family therapy and in conjunction with otherwise covered treatment of beneficiary suffering diagnosed mental health or substance use disorder (SUD) condition
MH Intensive Outpatient Program (IOP)	S9480-S9480	120 Days	Intensive Outpatient Program
MH Intensive Outpatient Therapy - Substance Use	H0015-H0015	120 Days	Intensive Outpatient Therapy requests for substance use
MH Medication Assisted Treatment	96372-96372	180 Days	MH requests for injectable medications for treatment of SUD; specific med codes to be added
MH Medication Management from MH Rx Prescribers	90791-90792 90833-90838 90847-90847 99202-99205 99211-99215	180 Days	MH Medication Management



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
MH Medication Mgmt Long Acting Injectable Rx Prsbr	99211-99215 99202-99205 90791-90792 90833-90838 90847-90847 96372-96372	180 Days	Medication Management for Long Acting Injectables from MH Rx Prescribers
MH Initial Outpatient Therapy	90785-90785 90791-90792 90832-90853 99202-99205 99211-99215	180 Days	MH Initial Outpatient Therapy Services
MH Opioid Treatment Program (OTP)	99078-99078 G2076-G2081	180 Days	Opioid Treatment Program
MH Psych-Neuro Psych Testing	90791-90792 96116-96116 96130-96146	180 Days	Neuro Psych Testing requests
MH Spravato (Esketamine)	G2082-G2083	120 Days	Initial requests for Spravato (Esketamine)
MH Spravato (Esketamine) COC	G2082-G2083	60 Days	Continuation of Care (COC) requests for Spravato (Esketamine)
MH Transcranial Magnetic Stimulation	90867-90869 90791-90792	90 Days	Transcranial Magnetic Stimulation requests



Mental Health — Inpatient/Partial Hospitalization

Table 3: MH Inpatient/Partial Hospitalization Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
MH IP Emergency MH Admission - Inpatient	99221-99223	3 Days	Emergency Mental Health Inpatient Admission (not SUD) requests
MH IP Emergency Substance Use Admission - Inpatient	99221-99223	3 Days	Emergency SUD Inpatient Admission requests (includes detox)
MH IP Routine Admission - Inpatient	99221-99223	3 Days	Routine Mental Health Inpatient Admission or Pre-Admission requests
MH IP Routine Substance Use Admission - Inpatient	99221-99223	3 Days	Routine Inpatient SUD Admission or Pre-Admission requests
MH Partial Hospitalization Program (PHP)	H0035-H0035	45 Days	Partial Hospitalization Program (PHP) non-SUD requests
MH Partial Hospitalization Program (PHP) Substance Use	H0035-H0035	45 Days	Partial Hospitalization Program for SUD
MH Residential Treatment Center (RTC)	99221-99221	3 Days	MH Residential Treatment Center (RTC) Admission (<21 years old)
MH Residential Treatment Substance Use	H0017-H0019	3 days	Residential Treatment Facility for Substance Use
MH Residential Treatment SUD Detox ASAM 3.7 care	H0010-H0010	3 days	Residential Treatment for Substance Use (SUD) Detox ASAM Level 3.7 care
MH Residential Treatment SUD Detox Emergency ASAM 3.7 care	H0010-H0010	3 days	Residential Treatment for Substance Use (SUD) Detox Emergency ASAM Level 3.7 care



Service Member Related Request Profiles

Table 4: Service Member Related Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
ADSM Respite for Supplemental Health Care Program	S9122-S9124	90 Days	Respite care under the Supplemental Health Care Program for qualifying service members (ADSM)
ADSM Terminal Leave	90791-90792 99202-99205 99211-99215	180 Days	Terminal Leave for ADSM requests *Used by military hospitals or clinics only*
Disability Exam	99456-99456	180 Days	Disability Examinations, the VA helps DOD determine if service members are fit for continued military service
ADSM Physical and Mental Assessment	99456-99456	180 Days	Medical Assessment process to determine if ADSM is physically and mentally capable of performing their military duties
SAS_LOD	99202-99205	365 Days	Military Medical Support Office (MMSO) Line of Duty (LOD) requests - Only for Specified Authorization Staff
SAS_MOA	99202-99205	365 Days	Military Medical Support Office (MMSO) Memorandum of Agreement (MOA) requests - Only for Specified Authorization Staff
IP SAS_MOA VA - Inpatient	99221-99223	365 days	Military Medical Support Office (MMSO) Memorandum of Agreement (MOA) VA Inpatient requests - Only for Specified Authorization Staff

Nonspecific Specialty Request Profiles

Note: You *MUST* use the request profiles listed below when there is *NO* applicable request profile found or available.

Table 5: Nonspecific Specialty Profile Information

TriWest Classification: Proprietary and Confidential



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Eval Only Referral GENERIC	99202-99205 99211-99215 99242-99245	180 Days	Evaluate Only Specialty Referral requests if no other specific profile care option is available; includes routine office care
Eval & Treat Referral GENERIC	99202-99205 99211-99215	365 Days	Evaluate and Treat Specialty Referral requests if no other specific profile care option is available; includes routine office care
OP Medical Procedure	CPT/HCPCS Codes are manually entered (code ranges must be less than 10 codes per line; unlisted codes require documentation)	180 Days	Outpatient Medical Procedure requests not identified in other profile options
OP Surgical Procedure	CPT/HCPCS Codes are manually entered (code ranges must be less than 10 codes per line; unlisted codes require documentation)	180 Days	Outpatient Surgical Procedure requests not identified in other profile options



Office Visits with Specific Specialties

Table 6: Evaluate and Treat/Office Visit Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Acupuncture	97810-97811 97813-97814	90 Days	Acupuncture is excluded - TRICARE does not cover
Allergy	95004-95004 95017-95027 95070-95180 95115-95125	365 Days	Request for Allergy Testing and Treatment
Dermatology	10060-10180 11102-11107	365 Days	Request for Dermatologists for skin illnesses, disorders, and biopsy (surgical removal for testing)
GI Gastroenterology	43235-43259 45300-45392	365 Days	Request for colonoscopy procedure
Medical Oncology - EC	96401-96417	425 Days	Medical Oncology requests
OP EGD Esophagogastroduoden- oscopy	43191-43259 99242-99245 43191-43259	90 Days	Outpatient Gastroenterology; includes Esophagogastroduodenoscopy (EGD) requests



Outpatient Specialty Services

Table 7: Outpatient Specialty Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Adjunctive Dental Services	99202-99205 99211-99215 Codes to be entered by provider	180 Days	Adjunctive Dental requests
Ambulance - Air Transportation	A0430-A0431	2 Days	Air Ambulance Transportation requests
Ambulance - Ground Transportation	A0425-A0429	2 Days	Ground Ambulance Transportation requests
Audiology Services	92550-92550 92552-92557 92563-92584 92588-92588	90 Days	Audiology requests
Cardiac Rehabilitation - Outpatient	93797-93798	90 Days	Cardiac Rehab Performed in an outpatient setting
Dental Anesthesia Services	00170-00170 41899-41899	180 Days	Dental Anesthesia Services requests
Derm MOHS Micrographic Surgical Procedure	17311-17315	180 Days	Outpatient Micrographic Surgical (MOHS) procedure requests
Lab Developed Tests - Demonstration - EC	CPT/HCPCS Codes are manually entered	90 Days	Lab Developed Tests (LDT) Demonstration requests
Electromyography and Nerve Conduction Study	95860-95864 95866-95872 95885-95887 95907-95913	180 Days	Request for Electromyography and Nerve Conduction Study Tests
OP Dialysis Outpatient ESRD	90935-90937 90940-90947	180 Days	Outpatient Dialysis requests
Eye Exam - Routine	92012-92014 92015-92015	180 Days	Routine Eye Exam requests



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Ophthalmology Eval & Treat	92002-92004 92012-92015 92020-92020 92081-92100 99172-99177 99202-99205 99211-99215	365 Days	Ophthalmology Eye Examination requests
Lab requests - NOT in Lab Developed Test Demo	CPT/HCPCS Codes are manually entered	90 Days	Labs not in LDT Demonstration project
Infusion Therapy- Office or Infusion Suite	96365-96366 96368-96368 96374-96375	90 Days	Request for infusion therapy in the office or Ambulatory Infusion Suite (AIS). Add Service for HCPCS drug code
OP Rehab - Complex	90791-90791 92507-92507 92521-92524 97012-97036 97110-97116 97140-97535 97161-97163 97165-97167 97537-97546	90 Days	Requests for treatment of thought process difficulties and physical disabilities from a stroke or brain injury
Occupational Therapy	95851-95852 97010-97012 97016-97028 97033-97036 97110-97124 97140-97150 97165-97167 97168-97168 97530-97530 97535-97535	120 Days	Occupational Therapy (OT) requests; includes evaluations, modalities, and therapeutic procedures
Occupational Therapy - Eval Only	97165-97167	180 Days	Evaluate only Occupational Therapy requests



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Podiatric Services	11720-11765 29540-29540 99202-99205 99211-99215	365 Days	Podiatry requests
Physical Therapy	95851-95852 97010-97012 97016-97028 97033-97036 97110-97124 97140-97150 97161-97163 97164-97164 97530-97530 97535-97535	120 Days	Physical Therapy (PT) requests; includes evaluations, modalities, and therapeutic procedures
Pelvic floor rehabilitation	97161-97163 97164-97164 97110-97110 97140-97140 97530-97530	90 Days	Pelvic floor rehabilitation requests
Vestibular rehabilitation therapy	97161-97163 97164-97164 97110-97112 97116-97116	90 Days	Vestibular Rehabilitation Therapy requests
Physical Therapy - Eval Only	97161-97163	180 Days	Evaluate only Physical Therapy requests
Sleep Study Exams	95807-95807 95808-95811	180 Days	Request for facility-based Sleep Study exams. Performed in a Sleep Center or hospital setting.
Sleep Study at Home	95806-95806 G0398-G0399	180 Days	Request for home-based Sleep Study. Performed in a home setting.
Speech Therapy	92507-92507 92521-92524	180 Days	Speech Therapy (ST) requests, includes evaluation, treatment, and swallow therapy



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Speech Therapy includes swallow and feeding study	92507-92507 92521-92524 92526-92526 92610-92610 92607-92607 97129-97130	180 Days	Speech Therapy, includes swallow and feeding study
Urgent Care Visit	99202-99205 99211-99215	5 Days	PCM referral to Urgent Care
OP Vasectomy	55250-55250 99215-99215	180 Days	Vasectomy requests - Outpatient
Z-OP Profile Not Found	CPT/HCPCS Codes are manually entered	90 Days	Use this if you cannot locate an OP profile; you can change the POS/Service if needed

Assisted Reproductive Technology Services

Table 8: Maternity Request Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Assisted Reproductive Technology Services - Female	58321-58322 58970-58974 89250-89251 89258-89258 89337-89337 89342-89342 89346-89346 89352-89352	60 Days	Request for Assisted Reproductive Technology Services under the Supplemental Health Care Program for qualifying service members
Assisted Reproductive Technology Services - Male	89300-89322 89257-89257 89259-89259 89264-89264 89343-89343 89353-89353	365 Days	Request for Assisted Reproductive Technology Services under the Supplemental Health Care Program for qualifying service members



Maternity Request Profiles

Table 9: Maternity Request Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Breastfeeding Lactation Counseling	99401-99404	365 Days	Breastfeeding lactation counseling
Fetal Surgery	CPT/HCPCS Codes are manually entered	180 Days	Prior Auth for all Fetal Surgery requests
IP Notification C-Section Delivery - Inpatient	59514-59514	4 Days	Inpatient Notification of C-section delivery - NOT Global Maternity Auth
DOULA support	T1032-T1032 T1033-T1033	270 Days	DOULA services - Demonstration Project Phase 2 for antepartum, postpartum, and continuous labor support
Global Maternity	59025-59025 59400-59430 76801-76819 99202-99205 99211-99215	312 Days	Outpatient Maternity care requests; includes antepartum, delivery, and postpartum care
High Risk Maternity	59000-59025 59400-59430 59510-59510 59610-59622 76801-76819 99202-99215	312 Days	Request for outpatient High Risk Maternity care; includes antepartum, delivery, and postpartum care
IP Notification Vaginal Delivery - Inpatient	59409-59409	2 Days	Inpatient Notification of vaginal delivery (NOT GLOBAL maternity)



Pain Management Requests

Table 10: Pain Management Injection Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Pain Mgmt Epidural Injections - Cervical Thoracic EC	99211-99215 62320-62321	365 Days	Pain Management Cervical Thoracic Epidural Injection requests
Pain Mgmt Epidural Injections - Lumbar Sacral EC	99211-99215 62322-62323	365 Days	Pain Management Lumbar Sacral Epidural Injection requests
Pain Mgmt Eval Treat - EC	99202-99205 99211-99215 99242-99245	365 Days	Evaluate and Treat Pain Management requests when there is no other profile available
Pain Mgmt Facet Injections - Cervical Thoracic EC	99211-99215 64490-64492	365 Days	Pain Management Cervical Thoracic Facet Injection requests
Pain Mgmt Facet Injections - Lumbar Sacral EC	99211-99215 64493-64495	365 Days	Pain Management Lumbar Sacral Facet requests
Pain Mgmt Neurostim Implant EC	63650-63655 63663-63685	180 Days	Pain Management Neurostimulator Implant requests to include revision and/or replacement procedures
Pain Mgmt Pump Implants EC	62350-62351 62360-62362	90 Days	Catheter Implantation or Reservoir/Pump Implantation requests
Pain Mgmt Radiofreq Ablation - Cervical Thoracic EC	64633-64634	365 Days	Request for Radiofrequency Ablation of Cervical or Thoracic region
Pain Mgmt Radiofreq Ablation - Lumbar Sacral Spin EC	64635-64636	365 Days	Request for Radiofrequency Ablation of Lumbar or Sacral region



Radiology Request Profiles

Table 11: Radiology Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
CT Abdomen	74150-74175	90 Days	Computed Tomography (CT) of the abdomen
CT Abdomen and Pelvis	74176-74178	90 Days	CT of the Abdomen and Pelvis
CT Face	70486-70488	90 Days	CT of the Maxillofacial area (jaw and face)
CT Head	70450-70470	90 Days	CT of the head/brain
CT Lower Extremities	73700-73706	90 Days	CT of the lower extremities
CT Lumbar Spine	72131-72133	90 Days	CT of the lumbar spine
CT Pelvis	72192-72194	90 Days	CT of the pelvis (Includes urinary bladder and reproductive organs)
CT Thorax	71250-71275	90 Days	CT of the thorax; shows disorders of heart, lungs, and ribs
CT Angiography	75571-75571 75572-75574	90 Days	CT Angiography requires clinical review - complete the survey
DEXA Scan Bone Density Study	77080-77081 77085-77086	180 Days	Dual-energy X-ray Absorptiometry (DEXA) bone density study
Mammography Screening	77063-77063 77067-77067	180 Days	Bilateral mammogram screening
Mammography Diagnostic	76641-76642 77061-77062 77065-77066 G0279-G0279	90 Days	Diagnostic Mammogram to include ultrasound, MRI, and guided biopsies
MRI Abdomen	74181-74185 76376-76377	90 Days	MRI Imaging of the abdomen, which includes liver, gallbladder, pancreas, spleen, and stomach



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
MRI Ankle	73721-73723	90 Days	Magnetic Resonance Imaging (MRI) of the ankle with or without contrast
MRI Brain	70551-70553	90 Days	MRI of the brain, includes Brain, Pituitary, and Internal Auditory Canal (IAC)
MRI Breast	77046-77049	90 Days	MRI of the breast
MRI Cardiac	75557-75563	90 Days	MRI Cardiac with or without stress imaging
MRI Cervical Spine	72141-72142 72156-72156	90 Days	MRI of the cervical spine
MRI Chest	71550-71555	90 Days	MRI of the chest, includes an MR angiography
MRI Face	70540-70543	90 Days	MRI of the face, includes orbit and neck
MRI Foot	73718-73720	90 Days	MRI of the foot with and/or without contrast
MRI Hip	73721-73723	90 Days	MRI of the hip with or without contrast
MRI Knee	73721-73723	90 Days	MRI of the knee with or without contrast
MRI Lower Extremities	73718-73725	90 Days	MRI of the lower extremities other than joint
MRI Lumbar Spine	72148-72149 72158-72158	90 Days	MRI of the lumbar spine
MRI Thoracic Spine	72146-72147 72157-72157	90 Days	MRI of the thoracic spine
MRI Upper Extremities	73218-73225 76376-76377	90 Days	MRI of the upper extremities
PET Scan Brain - EC	78608-78609	90 Days	Request for brain imaging for metabolic evaluation and/or perfusion evaluation



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
PET Cardiology - EC	78430-78433 78434-78434 78459-78459 78491-78492	90 Days	Request for PET heart imaging for evaluation of cardio metabolic activity
PET and SPECT Cardiology - EC	78451-78454 78494-78494 78430-78433 78434-78434 78459-78459 78469-78469 78491-78492	90 Days	Request for both PET and SPECT heart imaging for evaluation of cardio metabolic activity
PET Position Emission Tomography - Generic EC	CPT Codes are manually entered	90 Days	Positron Emission Tomography (PET) not otherwise specified
CT Scan - Generic	CPT Codes are manually entered	180 Days	Computed Tomography (CT) not otherwise specified
Radiology - Diagnostic or Interventional	CPT Codes are manually entered	90 Days	Diagnostic or interventional radiology procedures not otherwise specified
MRI - Generic	CPT Codes are manually entered	180 Days	Magnetic Resonance Imaging (MRI) not otherwise specified
Ultrasound - Generic	CPT Codes are manually entered	180 Days	Ultrasound not otherwise specified
Xray - Generic	CPT Codes are manually entered	180 Days	X-ray not otherwise specified
Radiation Oncology	77261-77263 77280-77290 77295-77295 77300-77332 77333-77373 77387-77387 77401-77412 77427-77427 77431-77432	90 Days	Request for Radiation oncology treatment



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
SPECT Cardiology - EC	78451-78454 78494-78494 78469-78469	90 Days	Request for SPECT heart imaging for evaluation of cardio metabolic activity
Ultrasound - Abdomen	76700-76705	180 Days	Request for Diagnostic Complete Abdominal Ultrasound
Ultrasound - Breast	76641-76642	90 Days	Ultrasound of the breast
Xray - Abdomen	74018-74022	180 Days	X-ray of the abdomen, includes liver, gallbladder, spleen, stomach, kidney and pancreas
Xray - Cervical Spine	72040-72052	180 Days	X-ray of the cervical spine
Xray - Chest	71045-71048	180 Days	X-ray of the chest (heart, ribs and lungs)
Xray - Hip	73501-73503 73521-73523	180 Days	X-ray of the hip either unilateral or bilateral
Xray - Lumbar-Sacral Spine	72100-72120	180 Days	X-ray of the lumbar-sacral spine (low back spine), includes bending views
Xray - Spine	72052-72082 72070-72082 72070-72070 72100-72114 72200-72202	180 Days	X-ray of the spine (includes cervical, thoracic, and lumbar)



Durable Medical Equipment (DME) Requests

Table 12: DME Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
DME AED Defibrillator	HCPCS Codes are manually entered	180 Days	Durable Medical Equipment (DME) Automated External Defibrillator (AED) requests
DME BIPAP	E0470-E0470 E0562-E0562 A7030-A7039 A7046-A7046	455 Days	Durable Medical Equipment (DME) Bilevel Positive Airway Pressure (BIPAP) requests
DME Continuous Glucose Monitor System	A4238-A4239 E0784-E0784 E2102-E2103	455 Days	Continuous Glucose Monitoring System with supplies
DME CPAP	A4604-A4604 A7027-A7039 A7046-A7046 E0561-E0562 E0601-E0601	455 Days	Durable Medical Equipment (DME) Continuous Positive Airway Pressure (CPAP) requests
DME Enteral Nutrition Services	HCPCS Codes are manually entered	180 Days	Requests for Enteral Nutrition services, includes equipment, formula, and supplies. Codes to be entered by Provider
DME Insulin Pumps	A4222-A4222 A4231-A4232 E0784-E0784	455 Days	Request for External Insulin Pump and Supplies
DME Generic	HCPCS Codes are manually entered	180 Days	Durable Medical Equipment (DME) Purchase not otherwise specified MUST be used when there is NO applicable DME request profile found or available
DME Hearing Aid Services and Supplies	HCPCS Codes are manually entered	90 Days	Hearing Aid Equipment
DME Breast Pump - Manual or Electric	E0602-E0603 A4281-A4286	180 Days	Durable Medical Equipment (DME) manual or electric breast pump requests



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
DME Parenteral Nutrition Services	HCPCS Codes are manually entered	180 Days	Request for Parenteral Nutrition services, includes equipment, formula, and supplies. Codes to be entered by Provider
DME Rental Generic	HCPCS Codes are manually entered	455 Days	Durable Medical Equipment (DME) Rental not otherwise specified. MUST be used when there is NO applicable request profile found or available; requires an authorization
DME TENS 2 Lead Unit - purchase	E0720-E0730 E0731-E0731 E0733-E0733 E0762-E0762	180 Days	Durable Medical Equipment (DME) Purchase Transcutaneous Electrical Nerve Stimulation (TENS) two lead unit requests
DME TENS 4 Lead Unit - purchase	E0730-E0730 A4595-A4595	455 Days	DME Purchase Transcutaneous Electrical Nerve Stimulation (TENS) four lead unit requests
DME TENS 2 Lead Unit Supplies	A4595-A4595 A4557-A4557	365 Days	Supplies requests for two lead Transcutaneous Electrical Nerve Stimulation (TENS)
DME TENS 4 Lead Unit Supplies	A4595-A4595 A4557-A4557	365 Days	Supplies requests for four lead Transcutaneous Electrical Nerve Stimulation (TENS)
DME Wound Care Supplies	A6010-A6412	455 Days	Request for wound care and supplies
DME Wound Vac Rental	A4222-A4222 A6550-A6550 A7000-A7001 E2402-E2402 A4221-A4221	180 Days	Request for Wound Vacuum Services



Extended Care Health Option (ECHO), Home Health, and Hospice Request Profiles

Table 13: ECHO, Home Health, and Hospice Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Custodial Care Transition Policy (CCT)	99348-99348	180 Days	Request for beneficiaries authorized under CCTP upon term dated 12/28/01 are eligible for this coverage and profile. Used by CM only
ECHO DME Durable Equipment	HCPCS Codes are manually entered	180 Days	ECHO DME Durable equipment utilized for efficient arrest or reduction of functional loss
ECHO DME Incontinence (Diaper) Supplies	A4520-A4520 T4521-T4536	365 Days	Extended Care Health Option (ECHO) Incontinence (diaper) supplies
ECHO Home Health (EHHC)	G0151-G0156 S9122-S9124	60 Days	Medically Necessary skilled services to eligible homebound beneficiaries whose needs exceed the limits of the Home Health Agency Prospective Payment System (HHA PPS)
ECHO Hippotherapy	S8940-S8940	180 Days	Request for ECHO hippotherapy (exercise program) only
ECHO Respite Care	S9122-S9122	365 Days	Extended Care Health Option (ECHO) Respite Care requests
Home Health PPS	0023-0023 Rev Code G0151-G0151 G0152-G0152 G0153-G0153 G0299-G0299	60 Days	Home Health Care requests; include skilled nursing, therapists (Physical, Speech, and Occupational therapy), and home health aides
Home Infusion Specialty Drug Administration	99601-99602, manually enter the specialty drug/infusion	90 Days	Home infusion, specialty drug administration requests



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Home Infusion Specialty Drug Long-term Admin	99601-99602 manually enter the specialty drug/infusion	180 Days	Home Infusion Specialty Drug Administration - used for long term EOC.
Hospice Unlimited Period 60 days	Q5001-Q5001 Q5005-Q5005	60 Days	Hospice care, Continuous Home care, Routine Home care, General Hospice IP or Respite IP care
Hospice - Initial Period 90 days	Q5001-Q5001 Q5005-Q5005	90 Days	Hospice Care, Continuous Home Care, Routine Home Care, general Hospice IP or Respite IP care
Hospice - Second Period 90 days	Q5001-Q5001 Q5005-Q5005	90 Days	Hospice Care, Continuous Home Care; Routine Home Care; general Hospice IP or Respite IP care
ICMP_PEC Ind Case Mgmt For Extraordinary Condition	99348-99348	180 Days	Request for individual case management program for Persons with Extraordinary Conditions. Only beneficiaries and services authorized under ICMP-PED upon term date 12/28/01 are eligible for this profile. Used by CM only.



Inpatient Request Profiles

Table 14: Inpatient Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
IP Emergency Admission - Inpatient	99221-99221	5 Days	Inpatient Emergency Room (ER) admission requests (medical or surgical)
IP Hospice - Inpatient	Q5005-Q5005	30 Days	Inpatient Hospice admission requests
IP LTAC Admission - Inpatient	99221-99223	30 Days	Inpatient Long Term Acute Care (LTAC) admission requests
IP Medical Pre-Admission Request	99221-99223	90 Days	Scheduled Inpatient Admission - use only when specific profile is not available. Do not use code ranges larger than 10 codes
IP NICU Admission - Inpatient	99468-99469 99477-99477	7 Days	Inpatient Neonatal Intensive Care Unit (NICU) admission requests
IP Notification - NOT MH or Maternity - Inpatient	99221-99221	7 Days	IP notification of scheduled inpatient Medical or Surgical admissions to an acute care facility. Do not use this profile for MH, Maternity, SNF, or Rehab admissions
IP Acute Rehab Admission - Inpatient	99221-99221	14 Days	Inpatient acute rehabilitation admission requests
IP SNF Admission - Inpatient Skilled Nursing	99221-99221	7 Days	Inpatient Skilled Nursing Facility (SNF) admission requests
IP Spine Surgery Prior Auth Request - Inpatient EC	99202-99205 99211-99215 99242-99245	180 Days	Referral for Surgical Spine Procedure. Include ALL surgical procedures, bone grafts and instrumentation codes



Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
IP Surgical Pre-Admission Request - Inpatient	99221-99223	90 Days	Scheduled inpatient surgical pre-admission requests - use only when specific profile is not available. Do not use code ranges larger than 10 code

Transplant Request Profiles

Table 15: Transplant Profile Information

Description	Included Procedure Codes (CPT/NDC/HCPCS)	Approval Duration	Used for
Transplant - Heart	33945-33945	365 Days	Heart transplant requests
Transplant - Heart Lung	33935-33935	365 Days	Heart and Lung transplant requests
Transplant - Intestinal	44135-44136	365 Days	Intestinal transplant requests
Transplant - Islet Cell	48160-48160	365 Days	Islet Cell transplant requests
Transplant - Kidney	50360-50365 50380-50380	365 Days	Kidney transplant requests
Transplant - Liver	47135-47135	365 Days	Liver transplant requests
Transplant - Lung Double	32853-32854	365 Days	Double lung transplant requests
Transplant - Lung Single	32851-32852	365 Days	Single lung transplant requests
Transplant - Pancreas	48554-48554	365 Days	Pancreas transplant requests
Transplant - Stem Cell Allogeneic	38240-38240	365 Days	Stem cell allogeneic transplant requests
Transplant - Stem Cell Autologous	38241-38241	365 Days	Stem cell autologous transplant requests
Transplant Eval	99242-99245 99202-99205 99211-99215	90 Days 365 Days 365 Days	Transplant Evaluation only requests