## WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

## **PULMONARY 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

For Non-INICO enrolled Member benefit Verification, CP1/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
94625	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITHOUT CONTINUOUS OXIMETRY MONITORING (PER SESSION)	PULMONARY REHAB	REQUIRED	No Restriction	PRICED	Service limit = two times per week for 10 weeks, not to exceed 20 sessions per calendar year.	
94626	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITH CONTINUOUS OXIMETRY MONITORING (PER SESSION)	PULMONARY REHAB	REQUIRED	No Restriction	PRICED	Service limit = two times per week for 10 weeks, not to exceed 20 sessions per calendar year.	
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE-TO-FACE, ONE-ON-ONE, PER 15 MINUTES (INCLUDING MONITORING)	PULMONARY REHAB	REQUIRED	No Restriction	PRICED	Limit 80 units for all codes G2037 & G0238	
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE-ON ONE, FACE-TO-FACE, PER 15 MINUTES (INCLUDING MONITORING)	- PULMONARY REHAB	REQUIRED	No Restriction	PRICED	Limit 80 units for all codes G2037 & G0238	
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	PULMONARY REHAB	REQUIRED	No Restriction	PRICED		
EPSDT	EPSDT SERVICE	PULMONARY REHAB	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	PULMONARY REHAB	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.