allcare health®

allcare cco

Referral/Prior Authorization Grid

Contents

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Behavioral Health Emergency Care/Crisis Services	**Available 24/7**	
Crisis Services	Available 24/7	**No**
Acute Inpatient Hospital	(PA only needed for planned admissions)	**No.** Notification by hospital required within 48 hours of admission.
Sub-Acute/Crisis Stabilization	H2013	**Yes**
Respite	H0045, S5151	**Yes**
Integrated Behavioral Health Services		
Primary Care or PCPCH Services	96110, 96125, 96127, 96150-96155, 99401-99404, 99406-99409, 99411, 99412, G0396, G0397, G0442-G0447, G0473, G2011	**No**
Outpatient		
Outpatient Mental Health Services	Member may self-refer for outpatient Mental Health Services provided in the community by contracted Mental Health Provider.	**No**
Peer Delivered Services	H0038	**No**
Specialty Services - Outpatient		
Applied Behavioral Analysis (ABA)	97151-97157, 99366, 99368	**Yes**
Assertive Community Treatment (ACT)	H0039	**No**
Behavioral Rehabilitative Services (BRS)		**No**
Electroconvulsive (ECT)	90870	**Yes**
Intensive Outpatient Services and Supports (IOSS)		**No**
Supported Employment (SE/IPS)	H2023	**No**
Psychiatric Day Treatment	H0037, H2012	**Referral Needed**
Psychological Testing Evaluation	96130-96131	**Yes**
Transcranial Magnetic Stimulation (TMS)	90867-90869	**Yes**
Wraparound	H2021, H2022	**Referral Needed**

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Specialty Services – Inpatient or Residential		
Psychiatric Residential Treatment Services (PRTS)	H0019	**Yes**
Specialty Services paid by Oregon Health Plan with AllCare CCO Care Coordination Services		
Adult Residential	Paid by Fee-For-Service OHP	**Yes**
Adult Foster Care	Paid by Fee-For-Service OHP	**Yes**
Oregon State Hospital	Paid by Fee-For-Service OHP	**Yes**

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Substance Use Disorders, see AllCareHealth.com for contracted Providers.

Modifiers are to be used on all codes:
UA – Adolescent Residential A&D **HB –** Adult Residential A&D **HF –** Substance Abuse/Outpatient

	Modifier	Codes/Comments	Prior Auth Required
Outpatient			
Outpatient Substance Use Disorder Services		Member may self-refer for Substance Use Disorder Services provided in the community by a contracted Substance Use Disorder Provider	**No**
Peer Delivered Services	HF, HG, HB, UA	H0038	**No**
Acupuncture	HF, HG	97810-97814	**Yes**
Intensive Outpatient	HF	H0015	**No**
Inpatient			
Residential	HB, UA	H0018-H0019	**No.** Admission notification required by the admitting facility within 48 hours.
Detoxification	HF	H0010 - H0014	**No.** Admission notification required by the admitting facility within 48 hours.
Medication Assisted Treatment (MAT)		(*see Rx Formulary for any drugs filled through Pharmacy)	
Methadone/Opioid Treatment Program	HG	H0020, H0033	**No**
Buprenorphine (oral)		J0571-J0575	**No**
Buprenorphine (implant)		J0570	**Yes**
Naltrexone		J2315	**No**

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

This grid should not be relied on for determination of benefits:

- All requests are subject to OHP benefits and limitations, in addition to AllCare CCO policies.
- The codes listed are for guidance only and other codes may be applicable to the listed categories.
- Quantity limits may apply to some services and/or items.
- Non-specific/Non-listed CPT/HCPC codes require Prior Authorization.
- All requests need to be within the AllCare's CCO Provider network, unless allowed per AllCare CCO policy.
- For services that are covered by a primary payor, AllCare CCO does not require an authorization if it is also a covered OHP service. For services not covered by the primary payor, follow the authorization requirements outlined on this grid. In-patient admission notification is required regardless of primary payor.
- Payment of benefits will be contingent upon eligibility, prior authorization requirements, final diagnosis from the Provider and exclusions and limitations of the contract and/or OHP guidelines.

	Codes/Comments	Prior Auth Required
Provider Services (in office setting - Place of Service 11)		
Specialty care (including telehealth and online digital evaluation)	99201-99215, 99421-99423 (with exception of women's health and Pharmacist consultation visits) (for vision see Vision Services)	yes
Anesthesia Services		
Pain management	62320-62327, 62350-62370, 64400-64425, 64445-64530, 64620-64640, 95990-95991	yes
Injections, Screening, Testing and Treatments		
Acupuncture	97810-97814	yes for ages 21 and older
Allergy Injections for Testing	95115-95180	no
Bone mass measurement (DXA)	77080-77081, 77085 (If over the age of 65, no PA is required when done once every 2 years)	yes
Botox Injections	J0585-J0588	yes
Bursa Injections	20600-20611	no (must be covered diagnosis)
Chiropractic Manipulation	98940-98943 (codes allowed without PA for 12 visits include: 99202-4, 99212-5, 98940-42, 97530, 97110, 97012, 97124, 97112, 97116, 97124, 97535)	yes for ages 21 and older, and after the first 12 visits within the year
Circumcision	54150, 54161 (No PA up to 4 weeks post expected due date)	yes
Coaptite	51715, L8606	yes

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Colonoscopy screening	G0104-G0106, G0120-G0121 (under age 45)	no
Dental procedure under general anesthesia	00170 (dental procedure must be covered)	yes
(eye procedures-see Vision Services)		
Hysteroscopy Ablation	58563	no
MOHS	17311-17315	yes
Neuropyschology testing	96132-96133	yes
Neurostimulator/Spinal Cord Stimulator/ Analysis	63650-63688, 64553-64595, 95970-95984	yes
Osteopathic Manipulation	98925-98929	yes for ages 21 and older
Photodynamic/Photochemotherapy/Laser treatment/Actinotherapy	96567-96574, 96900, 96910-96913, 96920-96922	no
Prostate cancer screening	G0102-G0103 (under age 50)	no
Sinus Endoscopy	31295-31298	yes
Skin substitutes	Q4100-Q4226	yes
Varicose vein treatment	36465-36471, 36473-36483	yes
Diagnostic Imaging/Testing		
(**Do not** require an auth for services necessary and reasonable to diagnose the presenting condition and/or preventative services, except as listed)		
Capsule Endoscopy	91110-91112	yes
Genetic testing (beyond amniocentesis and routine pre-natal screening)	81161-81504, 81518-81552, 88245-88264, 88271-88299 (Cologuard 81528 is also in this group)	yes
PET Scan	78608-78609, 78811-78816	yes
Surgical Procedures & Services (ASC and Hospital - place of service 19, 22 or 24)		
(Services should be provided in the allowed place of service setting as identified by CMS and/or OHP)		
General anesthesia and facility charges related to dental services*	*must be a covered dental service	yes
Elective surgery		yes
General surgery	excluding services below	yes
(see Vision Services for eye procedures)		

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
General Surgery		
Angiogram	36013-36254	no
Port A Cath placement and removal	36555-36573, 36575-36590	no
Biopsy	10004-11107, 10021, 11755,19081-19086,19100-19101, 20200-20251, 23065-23066, 24065-24066, 25065-25066, 27040-27041, 27323-27324, 27613-27614, 30100, 32096-32098, 32400-32408, 32607-32609, 37200, 38500-38531, 40490, 40808, 41100-41108, 42100, 42400-42405, 42800-42806, 43605, 45100, 47000-47001, 47100, 48100-48102, 49180, 50200-50205, 53200, 54100-54105, 54500-54505, 54800, 55700-55706, 56605-56606, 57100-57105, 58100-58110, 60100, 62267, 62269, 64795, 65410, 67346, 67810, 68100, 68510, 68525, 69100-69105	no
Placement of breast localization device	19281-19288	no
ERCP	43260-43278	no
G Tube placement, change & removal	49440-49446, 49450-49465	no
Incision and Drainage	10030, 10060-10061, 10080-10081,10120-10121, 10140, 10160, 10180, 19000-19001,19020, 21501-21502, 21510, 22010, 22015, 23030-23044, 23930-24006, 25028-25040, 26990-26992, 27030, 27301-27303, 27603-27604, 27610, 28001-28005, 30000, 30020, 41000-41009, 41015-41018, 42000, 42700, 42720, 42725, 44900, 45000-45005, 45020, 46040, 46045, 46050, 46060, 49020, 49040, 49060-49062, 49405-49407, 52700, 53040, 53060, 53080-53085, 54015, 54700, 56405, 56420, 57022-57023, 60000, 67700, 68020, 68400, 68420, 69000-69020	no
Inguinal hernia	49650-49651	no
Laparoscopy, cholecystectomy	47562-47570	no
Laparoscopy, insertion of tunneled intraperitoneal catheter	49324	no
Lumbar Puncture	62270-62272, 62328-62329	no
Paracentesis/Thoracentesis	32554-32557, 49082-49083	no
Vascular embolization or occlusion	36481, 37184-37188, 37241-37244	no

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Vasectomy	55200-55250, 55400 (Must have OHP form appropriately completed by member within OHP time limits)	no
Cardiac Surgery		
Heart Catheterization	93451-93462, 93530-93568	no
Pacemaker/Generator change/Defibrillator	33202-33249, 33262-33264,33270-33289	no
Operative ablation	33250-33266, 33261, 93609, 93613, 93619-93624, 93640-93644, 93650-93657	no
Implantation/Removal Cardiac event recorder	33285-33286	no
Cardioversion	92960-92961	no
Cardiac Stent Placement/CABG	33510-33523, 33530, 33533-33536, 92920-92944, 35600	no
Urology/Nephrology		
Ureteral Stent (internal removal with/without replacement)	50382-50387	no
TURP/Laser Coagulation	52601-52649	no
Lithotripsy	50080-50081, 50590	no
Cystoscopy	52000-52318, 52320-52356, 52400-52442	no
ENT		
Tympanostomy	69433	yes
PE tube removal	69420	no
GYN		
Cerclage of cervix	59320-59325, 59871	no
D & C	59812-59830, 59870	no
Ectopic pregnancy	59100-59151	no
Cesarean Section (scheduled or emergent)	59510-59515, 59618-59622 (see Hospital Services for admission notification requirements)	no
Vaginal delivery	59400-59414, 59610-59614 (see Hospital Services for admission notification requirements)	no
Curettage / Episiotomy	59160, 59200, 59300	no
Hysterorrhaphy	59350	no

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Hysteroscopy (diagnostic or biopsy)	58555, 58558	no
Removal of adnexa	58661	no
Tubal Ligation	58565, 58600-58615, 58670-58671 (Must have OHP form appropriately completed by member within OHP time limits)	no
Dermatology		
Destruction malignant skin lesion	11600-11646, 17260-17286	no
Orthopedic		
Carpal Tunnel Surgery	29848, 64721	no
Hardware Removal	20670, 20680, 20694, 26320, 27704	no
Vision Services		
Routine visual exam	(beyond OHP benefit limitation)	yes
Medical - consult/office visit	(annual diabetic exam does not require referral)	yes
Eyeglasses/Fittings/Polycarb lenses	(beyond OHP adult benefit limitation) *Must use Sweep Optical Or Eye Care Group	yes
Vision Procedures		
Blepharoplasty	15823	yes
Ptosis repair	67900-67912	yes
Reconstruction	67930-67935, 67950-67975	yes
Eye procedures (applies to in-office, ambulatory surgery center and outpatient hospital)	13151-13153, 65091-65093, 65101-65105, 65125--65175, 65205-65265, 65270-65290, 65400-65600, 65710-65757, 65760-65770, 65772-65775, 65778- 65782, 65800-66030, 66150-66250, 66500-66505, 66600-66635, 66680-66770, 66820-66825, 66830-66984, 66982-66990, 67005-67043, 67101-67115, 67120-67121,67141-67145, 67208-67218, 67220-67229, 67250-67255, 67311-67345, 67400-67450, 67500-67515, 67550-67570, 67710-67715, 67820-67850, 67875-67882, 67914-67924, 67938, 68040-68200, 68330-68340, 68360-68371, 68440-68505, 68520, 68530-68850	no

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
OHP Prioritized List of Health Services		
OHP non-funded/covered services	For a list of services that OHP considers non-covered (per the HERC), see Guideline Note E1 and E2. You can access the list by visiting https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx. This is not an exhaustive list of OHP exclusions.	yes
Hospital Services		
Emergent Department		
Emergent department visit		no
Scheduled visits in the emergent department	unless service otherwise specified in PA grid	no
Inpatient Admission		
Emergent hospital admission	Requires notification within 48 hours	no
Inpatient hospital admission (scheduled)	also requires notification within 48 hours of admission	yes
Inpatient Rehabilitative Care	also requires notification within 48 hours of admission	yes
Specialty hospital (such as Long Term Acute Care)	also requires notification within 48 hours of admission	yes
Outpatient Hospital Services		
Outpatient Surgical Services - *(No separate authorization required for facility if surgical procedure is prior authorized when applicable)*		
Scheduled visits in an outpatient facility	unless service otherwise specified in PA grid	yes
Subcutaneous hormone pellet implantation	11980 Inserting a Pellet	yes
Chimeric Antigen Receptor T-Cell Therapy (CAR-T)	Q2042, 0540T	yes
Infusion services	See Provider Administered Drug List	yes
Phlebotomy	99195	no
Skin substitutes	Q4100-Q4226	yes
Outpatient Therapy/Rehabilitation Services		
Biofeedback/Neurofeedback	90901-90913	no
Cardiac or Pulmonary Rehab	93797-93798, G0237-G0239, G0422-G0424	no
Hyperbaric oxygen wound therapy	99183, G0277	yes
Wheelchair evaluation	97542	no

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Physical Therapy	(codes allowed without PA for 12 visits include: 99202-4, 99212-5, 97530, 97110, 97124, 97112, 97116, 97124, 97535) All other codes require authorization	yes for ages 21 and older, and after the first 12 visits within the year
Rehabilitation Therapy/Lymphadema Therapy	92507-92508, 97010-97012, 97022-97024, 97036, 97110-97150, 97530, 97535-97537 (evaluation does not require a PA)	yes for ages 21 and older
Pharmacy Services		
Medications	(including OTC medications)	See formulary for requirements
Hospice Services		
Hospice care	(must be Medicare/Medicaid certified hospice)	no
Skilled Nursing Facility Services		
Inpatient skilled nursing care		yes
Supplies/Equipment if not included in per diem	see Equipment and Supplies section for requirements	
Home Health Services		
All home health services		no
Home Infusion therapy (excluding medications)	Infusion Medications will require a PA- See PAD list	no
Palliative care		no
Supplies/Equipment if not included in per diem	see Equipment and Supplies section for requirements	no
Hearing Services		
Hearing Aids	V5030-V5060, V5100, V5120-V5150, V5171-V5190, V5211-V5230, V5242-V5263	yes
Repairs	V5014, Total repair cost over OHP and/or contract allowable of $350	yes
Chemical Dependency Services		
Inpatient medical detox	notification required within 48 hours of admission	yes
Dental Services		
Verify member's eligiblity and assigned dental Provider in the AllCare Health Provider Portal or by calling AllCare Health. Please contact the Dental Provider to access dental benefits and referrals.		

AllCare CCO Referral/Prior Authorization Grid

Effective 01/01/2026

For Mental Health Services see AllCareHealth.com for contracted Providers.

Prior Authorizations must be submitted by a contracted Community Mental Health Program.

	Codes/Comments	Prior Auth Required
Equipment and Supplies		
Durable Medical Equipment (DME) / Repairs	Purchase (includes rent to purchase) or repair (total cost) over OHP and/or contract allowable of $350 (excluding services below)	yes
All **Miscellaneous** and/or **Not Otherwise Specified** codes	all requests must be submitted with a product description and will be subject to review for benefit and coverage limitation	yes
DME - Rent to purchase items		
Apnea Monitor	E0618-E0619 *first 3 months do not require a PA	yes - 4th month and thereafter
CPAP/BIPAP/Humidifier	E0560-E0562, E0565, E0601, E0470-E0472	no
Oxygen and O2 equipment	E0424-E0440, E1390-E1392	no
Home Ventilator (Trilogy used for PAP device)	E0466	yes
TENS Unit	E0720, E0730-E0731	yes
Wound Therapy Pump	E2402, A6550, A7000	no
DME - Purchase Only		
Compression Stockings (2 pairs per year are covered)	A6530-A6544, A6549	no
Enteral Formula	B4149-B5200	no
Incontinent Supplies	T4521-T4544, A4335 (quantity limits apply)	no
Insulin Pump/Continuous Glucose Monitor	E0784, A9277-A9278	yes