



MedSole RCM
Sole solution for all your practice problems.

PRIOR AUTHORIZATION REQUIREMENTS MATRIX BY PAYER

Published:
February 5, 2026

www.medsolercm.com +1 (602) 563 5281

Prepared By
MedSole RCM Strategy Team

Need Help With CO-197 or Other Denials?

**Our billing specialists can review your
claims, identify root causes, and prepare
compliant appeals on your behalf.**

Phone: +1 (602) 563 5281

Website: www.medsolercm.com

Email: consulataion@medsolrcm.com

Quick Reference Guide

Access critical payer portals and contact information instantly. Turnaround times listed reflect 2026 standards for standard (non-urgent) requests.

PRO TIP

Keep proof of portal submission. 2026 audit standards require timestamped screenshots if the payer portal does not generate an immediate reference ID.

Payer	Auth Portal	Phone	Turnaround	Retro-Auth?	Appeal Window
Medicare (Noridian)	Portal Link	855-XXX-XXXX	N/A	Emergency only	120 days
UnitedHealthcare	UHC Provider Portal	877-XXX-XXXX	2-5 days	Rarely	180 days
BCBS (varies)	Availity	Varies	2-14 days	Varies	60-180 days
Aetna	Aetna Provider Portal	800-XXX-XXXX	2-5 days	Limited	60 days
Cigna	CHCP Portal	800-XXX-XXXX	2-7 days	Limited	180 days
Humana	Humana Portal	800-XXX-XXXX	3-5 days	Case-by-case	60 days

Documentation Checklist

- Patient Demographics & Insurance Card
- Current Clinical Notes (last 30 days)
- Conservative Treatment History
- Specific CPT & ICD-10 Codes
- Referring Provider NPI

Emergency Protocols

For emergent cases, always mark "URGENT/STAT" on the portal. Medicare allows retro-auth for life-threatening conditions if documented within 48 hours.

Authorization Matrix: Imaging & Therapy

High-Tech Imaging

CPT	Description	Medicare	UHC	BCBS	Aetna	Cigna	Notes
70553	MRI brain w/ & w/o	No PA	PA Req	PA Req	PA Req	PA Req	Use eviCore for BCBS
72148	MRI lumbar spine	No PA	PA Req	PA Req	PA Req	PA Req	AIM for Aetna
74177	CT abd & pelvis	No PA	PA after 1st	PA Req	PA Req	PA Req	Emergency exempt
70498	CT angiography neck	No PA	PA Req	PA Req	PA Req	PA Req	Check diagnosis
78815	PET scan tumor	LCD Review	PA Req	PA Req	PA Req	PA Req	Oncology indication

Physical & Occupational Therapy

Note: Visit count typically resets per calendar year. Verify plan specifics.

CPT	Description	Medicare	UHC	BCBS	Aetna	Humana	Notes
97110	Therapeutic exercises	No PA	PA > 12	PA > 8	PA > 12	PA > 12	Initial eval exempt
97140	Manual therapy	No PA	PA > 12	PA > 8	PA > 12	PA > 12	Track visit count
97530	Therapeutic activities	No PA	PA > 12	PA > 8	PA > 12	PA > 12	Combined limit
97112	Neuro re-education	No PA	PA > 12	PA > 8	PA > 12	PA > 12	Check plan specifics

Authorization Matrix: Surgery & DME

Orthopedic Surgery

CPT	Description	Medicare	UHC	BCBS	Aetna	Cigna	Notes
27447	Total knee arthroplasty	No PA*	PA Req	PA Req	PA Req	PA Req	*WISeR states only
63030	Lumbar discectomy	No PA*	PA Req	PA Req	PA Req	PA Req	*WISeR states only
29881	Knee arthroscopy	No PA*	PA Req	PA Req	PA Req	PA Req	Check conservative tx
29827	Shoulder arthroscopy	No PA*	PA Req	PA Req	PA Req	PA Req	Document failed PT

Durable Medical Equipment (DME)

HCPCS	Description	Medicare	UHC	BCBS	Humana	Notes
E0601	CPAP device	PA Req	PA Req	PA Req	PA Req	UTN req Medicare
K0823	Power wheelchair	PA Req	PA Req	PA Req	PA Req	Face-to-face req
E1390	Oxygen concentrator	PA Req	PA rental	PA Req	PA Req	Check O2 levels
E0470	RAD resp device	PA Req	PA Req	PA Req	PA Req	New 4/2026 Medicare

MEDICARE ALERT

Effective Jan 2026, the WISeR model impacts surgical authorizations in 6 pilot states. If your practice is outside these states, traditional LCD coverage rules apply instead of PA.

Authorization Matrix: Injections & Behavioral

Pain Management Injections

CPT	Description	Medicare	UHC	BCBS	Aetna	Humana
64483	Epidural inj lumbar	No PA	PA > 2	PA Req	PA > 1	PA > 2
20610	Major joint injection	No PA	PA > 3	PA > 3	PA > 3	No PA
64640	Peripheral nerve destr	LCD Rev	PA Req	PA Req	PA Req	PA Req
J0585	Botox injection	PA Req	PA Req	PA Req	PA Req	PA Req

Behavioral Health

CPT	Description	Medicare	UHC	BCBS	Aetna	Cigna
90837	Psychotherapy 60m	No PA	PA > 20	PA > 12	PA > 20	PA > 24
90847	Family psychotherapy	No PA	PA > 12	PA > 8	PA > 12	PA > 12
90853	Group psychotherapy	No PA	PA > 20	PA > 12	PA > 20	PA > 24
99214	Psych E/M complex	No PA	No PA	No PA	No PA	No PA

BEHAVIORAL HEALTH PARITY ACT

Recent enforcement ensures quantitative treatment limitations (visit counts) for BH cannot be more restrictive than medical/surgical benefits. If you see denials based on arbitrary limits, flag for immediate appeal under MHPAEA.

2026 Updates Tracker

Date	Payer	Change	Action Required
Jan 1	CMS	PA decision times: 72hr expedited	Update workflows
Jan 1	Medicare	WISeR model begins	Check if in 6 states
Jan 13	Medicare	DMEPOS exemption process	Apply if qualified
Apr 13	Medicare	New DMEPOS codes added	Update auth tracking
TBD	UHC	Radiology PA expansion	Monitor bulletins

Common Denial Codes

Code	Description	Responsibility	Bill Patient?
CO-197	Prior authorization absent	Provider	No
PR-197	Prior authorization absent	Patient	Usually yes
CO-198	Authorization exceeded	Provider	No
CO-15	Auth number missing	Provider	No

Stop Chasing Authorizations. Start Treating Patients.

MedSole RCM reduces denial rates by an average of 35% within the first 90 days. Let our dedicated authorization team handle the paper work.

Talk to our billing experts today

Contact Direct

-  +1 (602) 563 5281
-  consultation@medsolercm.com
-  www.medsolercm.com