**Last updated 05/23/2024  
PACode**

| PA Code | Description |
| --- | --- |
| 0 | No Restrictions |
| 1 | Prior Authorization Required |
| 2 | Medical Necessity Required |
| 3 | Denture Certification Required |
| 4 | Sterilization Consent Form Required |
| 5 | Home Health Equipment Certification Required |
| 6 | Hearing Aid Certification Required |
| 7 | EPDS/HCY MS-40 Required |
| 8 | Hysterectomy Form Required |
| 9 | Second Opinion Form Required |
| A | Prior Authorization and Second Opinion Form Required |
| B | Medical Necessity and Second Opinion Form Required |
| C | Complex Consultation Form Required |
| D | Sterilization Consent Form and Second Opinion Form Required |
| E | Augmentative Evaluation Report Required |
| F | Invoice and Prior Authorization Required |
| G | Inv. Cost and Medical Necessity Required |
| H | Hysterectomy and Second Opinion Required |
| I | Home Health Plan of Care Required |
| J | Smart DME Prior Authorization Required |
| K | Cert. of Medical Necessity for Abortion Required |
| L | Home Health Equipment Certification and Prior Authorization Required |
| M | Smart Prior Authorization Required |
| N | Denture Certification and Prior Authorization Required |
| O | Prior Authorization for Providers |
| P | Oxygen and Respiratory Equipment Justification Required |
| Q | Prior Authorization Required for Ages 0-2 |
| R | Invoice Required |
| S | X-Ray Required |
| T | Transplant |
| V | Sleep Study |
| W | Medical Necessity Required for 1st Claim only |
| X | Anesthesia Report Required |
| Y | Operative Report Required |
| Z | Pathology Report Required |