

PA Type and Allowable Categories of Service

Review Type	Allowable Requesting Provider COS Codes	Reference ID Need for Web Submission?
Additional Physician Office Visits	430 – Physician Services 431 – Physician’s Assistant Services 480 – Nurse Midwifery 490 – Oral Maxillofacial Surgery 550 – Podiatry 740 – Nurse Practitioner	None
Additional Psychiatric Services	430 – Physician Services	None
Additional Psychological Services	570 – Psychological Services	None
Children Intervention Services	840 – Children’s Intervention Services	None
Dental Treatment - Pediatric	450 – Health Check Dental Program (under 21) 490 - Oral Maxillofacial Surgery	None
Dental Treatment – Adult	460 – Adult Dental Program 490 - Oral Maxillofacial Surgery	None
Durable Medical Equipment	320 – Durable Medical Equipment 321 – Pharmacy DME Supplies	None
Emergency Air Ambulance	371 – Emergency Air Ambulance	None
Emergency Ground Ambulance	370 – Emergency Ground Ambulance	None
Non-emergency Travel	380 – Non Emergency Travel Services/Exceptional Transportation	None
Hearing Services	330 – Orthotics/Prosthetics and Hearing	None

Review Type	Allowable Requesting Provider COS Codes	Reference ID Need for Web Submission?
Hospital Admissions/Hospital Outpatient Procedures	010– Inpatient Hospital Services 070 – Outpatient Hospital Services 670 – Ambulatory Surgical Center 430 – Physician Services 431 – Physician’s Assistant Services, 450 – Health Check Dental Program 460 – Adult Dental Program 480 – Nurse Midwifery 490 – Oral Maxillofacial Surgery 550 – Podiatry 740 – Nurse Practitioner	Hospital or Practitioner REF Number
Hospital In-State Transplants	010– Inpatient Hospital Services 070 – Outpatient Hospital Services 670 – Ambulatory Surgical Center 430 – Physician Services 480 – Nurse Midwifery 490 – Oral Maxillofacial Surgery 550 – Podiatry 740 – Nurse Practitioner	Hospital or Practitioner REF number
Out-Of-State Services (Out of State rendering provider)	010– Inpatient Hospital Services 070 – Outpatient Hospital Services 670 – Ambulatory Surgical Center 430 – Physician Services 480 – Nurse Midwifery 490 – Oral Maxillofacial Surgery 550 – Podiatry 740 – Nurse Practitioner	None
Office Surgical Procedures	430 – Physician Services 431 – Physician’s Assistant Services 480 – Nurse Midwifery 550 – Podiatry 740 – Nurse Practitioner	None
Oral Maxillofacial Surgery	430 – Physician Services 490 – Oral Maxillofacial Surgery 450 – Health Check Dental 460 – Adult Dental	None
Orthotics and Prosthetics	330 – Orthotics/Prosthetics and Hearing	None

Review Type	Allowable Requesting Provider COS Codes	Reference ID Need for Web Submission?
Vision Services	470 – Vision Care	None
Hospital Outpatient Therapy	070 – Outpatient Hospital Services	None
Radiology - Physician Office	430 – Physician Services 431 – Physician’s Assistant Services 480 – Nurse Midwifery 550 – Podiatry 740 – Nurse Practitioner	None
Radiology - Facility Setting	070 – Outpatient Hospital Services 670 – Ambulatory Surgical Center 430 – Physician Services 480 – Nurse Midwifery 490 – Oral Maxillofacial Surgery 550 – Podiatry 740 – Nurse Practitioner	If Hospital requestor, Practitioner REF # is optional. If Practitioner is requestor, Hospital REF # is required.
Medications PA - Physician Office	430 – Physician Services 431 – Physician Assistant Services 480 – Nurse Midwifery 550 – Podiatry 740 – Nurse Practitioner	None
Medications PA - Facility Setting	070 – Outpatient Hospital Services 430 – Physician Services 431 - Physician Assistant Services 740 – Nurse Practitioner 550 – Podiatry 480 – Nurse Midwifery	If Hospital requestor, Practitioner REF # is optional. If Practitioner is requestor, Hospital REF # is required.
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID)	180 – ICF-ID	None
Nursing Home Swingbeds	080 – Swingbed Hospital Services	None
Nursing Facility Mechanical Ventilation Services	110 – Skilled care in a Nursing Facility 160 – Intermediate Care Facility	None
Level I PASRR	110 – Skilled Care in a Nursing Facility 160 – Intermediate Care Nursing Facility	None

Review Type	Allowable Requesting Provider COS Codes	Reference ID Need for Web Submission?
Georgia Pediatric Program	971 – In Home Private Duty Nursing 972 – Medically Fragile Daycare	DMA-6A: None DMA-80: None
Independent Care Waiver Program	660 – Independent Care Waiver Services	DMA-6: None DMA-80: None
SOURCE Level of Care and Placement	930 – SOURCE Program	None
SOURCE Services	930 – SOURCE Program with 030 Case Management Specialty	None
CCSP Level of Care and Placement	590 – CCSP Program	None
NOW or COMP Level of Care and Placement	681 – COMP 680 - NOW	None
TEFRA Katie Beckett	380 – Non Emergency Travel Services 996 – Payee ID	None