

## Upcoming Changes to Codes Requiring Prior Authorization

Code	Description	Drug Y/N	Current Coverage	Coverage Change	LOB	Posted Date	Effective Date
A0428	Ambulance service, basic life	N	PA	C	All	09/26/2023	11/26/2023
A0430	Ambulance service, conventional	N	PA	C	All	09/26/2023	11/26/2023
A0431	Ambulance service, conventional	N	PA	C	All	09/26/2023	11/26/2023
A0435	Fixed wing air mileage, per statute	N	PA	C	All	09/26/2023	11/26/2023
A0436	Rotary wing air mileage, per	N	PA	C	All	09/26/2023	11/26/2023

**Legend:**

C - Covered

N/C - Not Covered

PA - Prior Authorization

OON - Out of Network

C-W/L - Covered with Limits

Com - Commercial

Caid - Medicaid

Care - Medicare

MHC - Mountain Health Co-op

Ut-Ind - Utah Individual

Ful Ins - Fully Insured

All - All LOBs