



## Ambetter Prior Authorization

List effective 6/1/2023

Ambetter from SilverSummit Healthplan requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Ambetter products offered by Ambetter from SilverSummit Healthplan.

Ambetter from SilverSummit Healthplan is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

**It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.**

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at <https://ambetter.silversummithealthplan.com/provider-resources/manuals-and-forms/pre-auth.html>

**Effective June 1<sup>st</sup>, 2023, the following are changes to prior authorization requirements:**

Service Category	PA Rule	Services	Procedure Codes
Behavioral Health	No PA Required	Alcohol and/or drug services, testing	H0004, H0005, H0007, H0014
		Crisis intervention services	H2011
		Substance abuse/detoxification and mental health services	S9475, S9484
Breast reconstruction	PA Required except with breast cancer diagnosis	Breast reconstruction, prosthesis	19316, 19318, 19325, 19328, 19340, 19342, 19350, 19370, 19371, 19499, L8031
Cardiovascular	PA Required	Insertion/removal of Cardiac Rhythm Monitor	33285
		Unlisted procedure	37799
		Implantable wireless pulmonary artery wireless pressure sensor	C2624
		External counterpulsation	G0166
	No PA Required	Catheter, transluminal angioplasty, drug-coated, non-laser	C2623
DME & Supplies	PA Required	Osteogenesis stimulator	E0749
		Personal care item	S5199
		Supplies for home delivery of infant	S8415
	No PA Required	Wheelchair and accessories	E2611, K0001
		Respiratory equipment	B9002, E0550, E0565 E0781
		Infusion pumps and supplies	K0455
Home care	PA Required	Home health skilled nursing visit	0551
		Repair/maintenance for home hemodialysis equipment	A4870, A4890
		Home Care Management Services	G0087
		Home therapy	G2168, G2169
		Unskilled respite care	S5150, S5151
		Home modifications, meals, laundry	S5175
		In-home telemonitoring	S9110
		Nursing assessment/evaluation	T1001
	No PA Required	Home dialysis	90966, S9335, S9339
		Prenatal home visit	99500
		Home visits post-discharge	G2004
		Coordinated care – home monitoring	G9006
		BPCI home visit	G9187
		Remote in-home visits	G9978, G9979, G9980, G9981, G9982, G9983, G9984, G9985, G9986, G9987

Service Category	PA Rule	Services	Procedure Codes
		Services, supplies and accessories used in the home	Q2052
		Management of patient home care	S0271, S0273, S0274
		Medical home program	S0280, S0281
		Home infusion therapy	S5035, S5036, S5108, S5109, S5110, S5111, S5115, S5116, S9347
		Home visit, wound care	S9097, S9098
Hospice	No PA Required	Services in hospice setting	S0255, G9473, G9474, G9475, G9476, G9477, G9478, G9479
Laboratory	PA Required	Genetic analysis/studies, surgical pathology procedures	81235, 81263, 81265, 81267, 81268, 81270, 81275, 81310, 81315, 88237
	No PA Required	Radiolabeled product	C9898
Nutrition	PA Required	Medical food nutritionally complete (oral)	S9433
Oncology	PA Required	Radiation therapy services	77372, 77373, G0339, G0340
		Pigmented Lesion Assay (PLA) test	0089U
Orthopedic	PA Required	Procedures lower extremities	28285, 28299
		Endoscopy wrist	29848
Orthotics and Prosthetics	PA Required	Lower extremity orthotics	L1851, L1852
	No PA Required	Lower extremity orthotics	L2112
Pain management	PA Required unless performed on the same day as surgery	Injection, anesthetic agent or steroid	62320, 62321, 62322, 62323, 62325, 62327, 64400, 64405, 64415, 64417, 64418, 64420, 64421, 64430, 64445, 64447, 64448, 64450, 64451, 64454, 64479, 64480, 64483, 64484, 64505, 64510, 64517, 64520, 64530
	No PA Required	Transversus abdominis plane (TAP) block	64486, 64488
		Nerve block	64632
Preventive	No PA Required	Developmental and behavioral screening	96110, 96112
Professional services	No PA Required	Physician or other qualified health care professional supervision	G0068, G0069, G0070, G0182
		Inpatient telehealth	G0459
Radiology Treatments	PA Required	Ablation Liver Tumor	47382
		Indium in-111 ibritumomab, dx	A9542
Skin substitute	PA Required	Skin substitute products	Q4114, Q4130, Q4137, Q4139, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226
Transplant	PA Required	Small intestine and liver allografts	S2053