



## **Important Prior Authorization Updates**

***(Effective Apr. 1, 2026)***

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, SilverSummit Healthplan wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

Service Category	PA Rule	Services	Procedure codes
Breast Services	No PA Required if billed with breast cancer diagnosis. PA Required if billed with any other diagnosis	Breast Reconstruction	19364
		Surgery-Integumentary System	19303
DME Services	PA Required	Diabetic Drugs And Supplies	A9276
		Nutritional Services	B4102, B4103, B4104, B4105
		Wheelchairs	E1028, E2609, E2617, E2620, E2621, K0831, K0836
	PA Required beyond 186 units per calendar month or the benefit limitation—whichever is greater	Incontinence Supplies	T4525, T4526, T4527, T4528, T4529, T4530, T4533, T4543
	PA Required after plan benefit limitation	Nutritional Services	B4149, B4150, B4152, B4153, B4154, B4155, B9998
	No PA Required if member is under 21 years old at date of service. PA Required for all other members.	Nutritional Services	B4100
	No PA Required for PAR providers	Orthotic & Prosthetic	L2330
Drug Codes	PA Required	Injections	J0878
Genetic Analysis	PA Required	Genetic Testing	0345U, 81201, 81202, 81203, 81292, 81293, 81294, 81307, 81308, 81329, 81455, 88262, 88271, 88275
Hearing Services	PA Required	Implants and Supplies	69930
Home Services	PA Required	Home Therapy	S5120, S5121
		Infusion Services	S9351
Hospice	PA Required	Hospice Services	Q5005, Q5006
Physician Services	PA Required	Neurological Tests	95700, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95721, 95722, 95723, 95724, 95725, 95726
		Other Treatments	99199
Skin Procedures	PA Required	Skin Grafts	15271, 15274, 15275, 15276
	PA Required if billed with	Skin Grafts	14060, 14061, 15100, 15101, 15120

	diagnosis of gender dysphoria. For all others, PA Required for Non-PAR Providers only		
	PA Required after 12 visits per calendar year	Surgery-Integumentary System	11043
Surgery Procedures	PA Required	Hysterectomies	58545
		Surgery-Digestive System	43659
		Surgery-Endocrine System	60240, 60252, 60500
		Surgery-Heart	92920, 92921
		Surgery-Musculoskeletal System	28285, 28296
		Surgery-Nervous System	64582
		Surgery-Respiratory System	31253, 31254, 31255, 31256, 31257, 31259, 31267
	PA Required if billed with diagnosis of gender dysphoria. For all others, PA Required for Non-PAR Providers only	Hysterectomies	58260, 58262, 58550, 58552, 58553, 58554
		Surgery-Male Genitalia	54520