



PROVIDER UPDATE

Changes to the Prior Authorization List.

Effective Mar. 24, 2023, the following prior authorization codes have changed.

Update	Prior Authorization Category	Code
Deletion	MP-1035- BCR-BL1 Testing in Chronic Myelogenous Leukemia	0061U, 0040U
Addition	MP-1010-Enteral Feeding In-line Cartridge	B4105
Addition	Pediatric Respite	S5150, S5151, S9125, T1005
Addition	Pediatric SDAC	S5130, T2040
Addition	MP-1228-Vision Therapy	92065
Addition	MP-1230-Electromagnetic Navigational Bronchoscopy	31626, 31627
Addition	MP-1237-Posterior Tibial Nerve Stimulation	64566
Addition	MP-1238-Electrical Nerve Stimulation	64575, 64580, 64585, 95976, 64553
Addition	MP-1218- Radiofrequency Ablation of Miscellaneous Solid Tumors	50542, 50250, 50592, 50593, 31641, 32994, 20983, 19105
Addition	Noninvasive Assessment of Liver Fibrosis in Chronic Hepatitis, MP-DE-1014	91200
Addition	EviCore codes-MSK	22869, 22870
Addition	MP-DE-1216 Gender Affirmation Services	15876
Addition	Cosmetic Services	15877, 15878, 15879
Addition	MP-DE-1063 Devices used for the Treatment of Obstructive Sleep Apnea in Adults	E0601, E0470, E0471, E0485, E0486, A4604, A7002, A7027, A7028, A7029, A7030, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, A7047, E0561, E0562, E0600
Addition	MP-DE-1076 Respiratory Assist Devices	A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0470, E0471, E0472, E0561, E0562



To review the complete prior authorization list, scan the QR code or visit hho.fyi/pal-tool.

Have questions? Call Provider Services at 1-844-325-6251, Monday–Friday, 8 a.m.–5 p.m. or talk to your Provider Account Liaison.