

July 2019

Prior authorization requirement removed for adenoidectomy and tonsillectomy procedures

Summary of change: Effective July 1, 2019, prior authorization for some adenoidectomy and tonsillectomy procedures will no longer be required for in-network providers.

Which procedures no longer require prior authorization?

Effective July 1, 2019, the procedures outlined in the table below will no longer require prior authorization.

CPT code	Description
42830	Adenoidectomy, primary; under age 12
42821	Tonsillectomy and adenoidectomy; age 12 and above
42820	Tonsillectomy and adenoidectomy; younger than age 12
42835	Adenoidectomy, secondary; younger than age 12

Need additional prior authorization information?

Please visit our provider website at:

- <https://providers.healthybluelo.com/la/pages/prior-auth-info.aspx> for prior authorization information.
- <https://providers.healthybluelo.com/la/pages/prior-auth-lookup.aspx> for prior authorization look-up.

Please visit the Availity Portal at <https://www.availity.com> and log in to request or check the status of a prior authorization or appeal a prior authorization decision.

Need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.

<https://providers.healthybluelo.com>

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