

## PN for UM AROW Item 1330

On **April 1, 2021**, Healthy Blue prior authorization (PA) requirements will change for the following codes. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Prior authorization requirements will be added for the following codes:

- 54400 — Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- 61885 — Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; w/Connection Single Electrode Array
- 64569 — Revision or replacement of cranial nerve (for example, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 0404T — Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
- 0563T — Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- C1767 — Generator, neurostimulator (implantable), non-rechargeable
- C1778 — Lead, neurostimulator (implantable)

To request PA, you may use the following method:

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity\* at <https://providers.healthyblue.com> > Login. If you have questions about this communication or need assistance with any other item, call the number on the back of your patient's Healthy Blue member ID card.

\* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.