

Prior authorization requirement changes

Effective **March 1, 2023**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Amerigroup for our members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid services guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

- 0117U — Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
- K1021 — Exsufflation belt, includes all supplies and accessories

Not all PA requirements are listed here. Detailed PA requirements are available to providers on <https://provider.amerigroup.com> on the **Resources** tab or for contracted providers by accessing Availity* at <http://availity.com>. Providers may also call Provider Services for assistance with PA requirements. Refer to the number on the back of the patient's member ID card for Provider Services.

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