

**Provider update**
**Prior authorization requirement changes**

Effective **June 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 Medicaid and CHIP 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 PA 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):

Code	Description
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 Foundation PI <sup>SM</sup> , Ethos Laboratories

To request PA, you may use one of the following methods:

- Web: Log in to Availity Essentials\* at <http://availity.com>.
- Fax: **800-964-3627**
- Phone: **800-454-3730**

Not all PA requirements are listed here. Detailed PA requirements are available to providers on the provider website at <https://provider.amerigroup.com/TX> on the *Resources* tab or for contracted providers by accessing <http://availity.com>. Providers may also call Provider Services at **800-454-3730** for assistance with PA requirements.



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\* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

**<https://provider.amerigroup.com/TX>**