

Prior authorization requirement changes effective [April 1, 2024]

Summary of update

Effective [April 1, 2024,] prior authorization (PA) requirements will change for the medical code listed below. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following:

• The following psychotherapy codes will require prior authorization and may only be used by providers with this service in their contract: S9480.

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

- <u>Availity Essentials: Once logged in at Availity.com, select Patient Registration ></u> <u>Authorizations & Referrals, then select Authorizations or Auth/Referral Inquiry, as</u> <u>appropriate.</u>
- Fax: [844-432-6028
- Phone: 844-521-6942]

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at [provider.healthybluela.com]. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at [844-521-6942] for assistance with PA requirements.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local provider relationship management associate or call Provider Services at [844-521-6942].





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https://provider.healthybluela.com

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