



December 2020  
2021 UM Updates

## IMPORTANT UTILIZATION MANAGEMENT UPDATES Effective January 1<sup>st</sup>, 2021

### Prior Authorization Changes

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. Based on provider feedback, market analysis, and utilization trends the following prior authorization (PA) revisions will be effective for all dates of service beginning on 01/01/2021.

Code	Description	Change	Effective as of 1/1/21 DOS:
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM	Revision	PA only required for oral delivery, no PA requirements if via tube feeding
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO	Revision	PA only required for oral delivery, no PA requirements if via tube feeding
B9998	NOC FOR ENTERAL SUPPLIES	Revision	PA only required for oral delivery, no PA requirements if via tube feeding
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MOR	Removal	PA no longer required
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	Removal	PA no longer required
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	Removal	PA no longer required
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	Removal	PA no longer required
11044	DBRDMT BONE M&/F 20 SQ CM/<	Removal	PA no longer required
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Removal	PA no longer required
11046	DBRDMT M&/F EA ADDL 20 SQ CM	Removal	PA no longer required
11047	DEBRIDEMENT BONE EA ADDL 20 SQ CM/<	Removal	PA no longer required
11720	DEBRIDEMENT, NAIL(S), ANY METHOD(S); 1-5	Removal	PA no longer required
11721	DEBRIDEMENT, NAIL(S), ANY METHOD(S); OVER 6	Removal	PA no longer required
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM<	Removal	PA no longer required
97598	DEBRIDEMENT OPEN WOUND ADDL 20 SQ CM	Removal	PA no longer required
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE S	Removal	PA no longer required
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL E	Removal	PA no longer required
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZ	Removal	PA no longer required
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION	Removal	PA no longer required

We encourage you to reference the [Prior Authorization Code Level Look-up](#) for a complete listing of PA requirements.

### Contact Us

If you have any questions or would like additional information, please contact CountyCare Provider Services at [ProviderServices@countycare.com](mailto:ProviderServices@countycare.com) or your Provider Relations Representative.