

**December 2020**

2021 UM Updates

**IMPORTANT UTILIZATION MANAGEMENT UPDATES**

**Effective January 1st, 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 utilizations trends the following prior authorization (PA) revisions will be effective for all dates of service beginning on 01/01/2021.

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| **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](http://www.countycare.com/resource/prior-authorization-cpt-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 or your Provider Relations Representative.