**Prior Authorization Changes for 2023**

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 **02/15/2023.** The entire CPT Authorization look up tool can be found [here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcountycare.com%2Fwp-content%2Fuploads%2FCPT-CODE-LOOKUP-Revision-date-12.7.22.xlsx&wdOrigin=BROWSELINK).

**No PA Required**

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| **Code Type** | **Code** | **Description** |
| CPT | 15272 | SKIN SUB GRAFT T/A/L ADD-ON |
| CPT | 15276 | SKIN SUB GRAFT F/N/HF/G ADDL |
| CPT | 54115 | TREATMENT OF PENIS LESION |
| CPT | 59400 | OBSTETRICAL CARE |
| CPT | 75893 | VENOUS SAMPLING BY CATHETER |
| CPT | 76496 | UNLISTED FLUOROSCOPIC PROCEDURE |
| CPT | 99354 | PROLNG SVC O/P 1ST HOUR |
| HCPCS | A4421 | OSTOMY SUPPLY; MISCELLANEOUS |
| HCPCS | A4606 | O2 PROBE W/OXIMETER DEVICE REPLCMT |
| HCPCS | A4649 | SURGICAL SUPPLY; MISCELLANEOUS |
| HCPCS | A6208 | CONTACT LAYER > 48 SQ EACH DRESSING |
| HCPCS | A6215 | FOAM DRESSING WOUND FIL STERL PER G |
| HCPCS | A6250 | SKN SEALNT PROTCT MOISTURZR OINTMNT |
| HCPCS | A6260 | WOUND CLEANSERS ANY TYPE ANY SIZE |
| HCPCS | A6261 | WOUND FILLR GEL/PASTE PER FL OZ NOS |
| HCPCS | A6504 | COMPRS BRN GARMNT GLOV WRST CSTM |
| HCPCS | A6506 | COMPRS BURN GARMNT GLOV AX CSTM FAB |
| HCPCS | A6508 | COMPRS BRN GARMNT FT THI LEN CSTM |
| HCPCS | A6509 | COMPRS BRN GARMNT TRNK WAIST CSTM |
| HCPCS | A6549 | GRADIENT COMP STOCKING/SLEEVE NOS |
| HCPCS | E2291 | BACK PLANR PED WC FIX ATTCH HARDWRE |
| HCPCS | L3649 | ORTHOPED SHOE MOD ADD/TRANSFER NOS |
| HCPCS | L4002 | REPL STRAP ANY ORTHOSIS ALL CMPNTS |
| HCPCS | L4210 | REP ORTHOT DEVC REP/REPL MINOR PART |
| HCPCS | L7510 | REP PROS DEVC REP/REPL MINOR PART |
| HCPCS | L9900 | ORTHO/PROSTH SUPP ACCES &/ SERV |
| HCPCS | S1015 | IV TUBING EXTENSION SET |
| HCPCS | S8420 | GRADENT PRESS AID SLEEVE&GLOVE CSTM |
| HCPCS | S8422 | GRADENT PRESS AID SLEEV CSTM MED WT |
| HCPCS | S8425 | GRADENT PRESS AID GLOVE CSTM MED WT |

**Reminder: when you do require a prior authorization, we encourage you to use the CountyCare Provider Portal when submitting authorizations. By using the portal, you can get a quicker response to your request. You can find the portal link** [here](https://countycare.valence.care/). **If you need additional assistance on how to use the portal,** **please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.**

**This policy is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.**

**CONTACT US**

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.