

## Prior authorization requirement for gastrointestinal codes done in the outpatient hospital setting (place of service 22)

*This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. and Clear Health Alliance as well as the Florida Healthy Kids program for Simply.*

### Prior authorization requirements

Effective October 1, 2020, prior authorization (PA) requirements will be required for the below CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for place of service 22 (OP hospital) **only**. No authorization will be required if done in an alternate OP place of service, such as an ancillary surgery center.

For services that are scheduled on or after October 1, 2020, providers must contact Simply and CHA to obtain prior authorization for these services requested in the hospital. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services in the outpatient hospital.

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

- Web: <https://www.availability.com>\*
- Fax: **1-866-495-1981**

43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	45308	PROCTOSGMDC RIGID RMVL 1 LESION CAUTERY
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE
43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	45335	SGMDC FLX DIREC SBMCSL NJX ANY SBST
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	45341	SIGMOIDOSCOPY FLX NDSC US XM
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES

\* Availability, LLC is an independent company providing administrative support services on behalf Simply Healthcare Plans, Inc. and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com/florida-provider>  
<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD
44360	ENDOSCOPY UPPER SMALL INTESTINE	46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	46606	ANOSCOPY W/BX SINGLE/MULTIPLE
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	46610	ANOSCOPY W/RMVL LESION CAUTERY
44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ
44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	46615	ANOSCOPY ABLATION LESION
44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFRMD		