

Prior authorization requirement for outpatient procedures if done in the outpatient hospital setting (place of service 22/billing code 013)

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

Prior authorization requirements

Effective January 1, 2021, prior authorization requirements will be required for the below CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for POS 22 (OP hospital) **only**. No authorization will be required if done in an alternate OP place of service, such as an ambulatory surgery center.

For services that are scheduled on or after January 1, 2021, providers must contact the Simply and CHA Prior Authorization team to obtain prior authorization for these services only if 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 prior authorization, you may use one of the following methods:

- Web: <https://www.availity.com>*
- Fax: 1-800-964-3627

Code	Procedure
59025	FETAL NONSTRESS TEST
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT
64447	INJECTION AA&/STRD FEMORAL NERVE
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE
28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM

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

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

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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Code	Procedure
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED
11104	PUNCH BIOPSY SKIN SINGLE LESION
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF
23430	TENODESIS LONG TENDON BICEPS
36573	INSERTION PICC W/RS&I 5 YR/>
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN
36589	RMVL TUN CVC W/O SUBQ PORT/PMP
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US
20680	REMOVAL IMPLANT DEEP
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC
26055	TENDON SHEATH INCISION
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY
59000	AMNIOCENTESIS DIAGNOSIC
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI
46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX
25000	INCISION EXTENSOR TENDON SHEATH WRIST
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS
31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN
30465	REPAIR NASAL VESTIBULAR STENOSIS
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE