

## Prior authorization requirements for E0784, K0553 and K0554

**Summary of change:** Effective **February 1, 2020**, prior authorization (PA) requirements will change for the following services to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for our members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **E0784:** ext amb infusn pump insulin
- **K0553:** supply allowance for therapeutic continuous glucose monitor, includes all supplies and accessories, one month supply = one unit of service
- **K0554:** receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) and in the Availability Portal.

Providers may also call us at 1-855-878-1785 for PA requirements.

<https://providers.amerigroup.com>