

Prior authorization requirements for codes 0200T and 0201T

Effective **September 1, 2020**, prior authorization (PA) requirements will change for 0200T and 0201T. The medical codes listed below will require PA for Medicaid and CHIP members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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:

- 0200T — Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, one or more needles
- 0201T — Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, two or more needles

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

- **Web:** www.availity.com*
- **Fax:** 1-800-964-3627
- **Phone:** 1-800-454-3730

Not all PA requirements are listed here. PA requirements are available to providers by accessing the Precertification Lookup Tool at <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools or for contracted providers at www.availity.com. Providers may also call Provider Services at **1-800-454-3730** for assistance with PA requirements.

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