12/1/25

Prior Authorization Changes

Per the recent state guidelines, the following now require prior authorization for Medicaid members over 21. This change is effective 2/1/26:

Code	Description / Category
B4034	ENTERAL FEED SPL KIT; SYRINGE DAY
B4035	ENTERAL FEED SPL KIT; PUMP FED-DAY
B4036	ENTERAL FD SPL KIT; GRAVITY FED-DAY
B4102	ENTRAL F ADLT REPL FL&LYTES 500 ML
B4103	ENTRAL F PED REPL FL&LYTES 500 ML
B4104	ADDITIVE FOR ENTERAL FORMULA
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS
B4150	ENTRAL F NUTRITIONALLY COMPLETE
B4152	ENTRAL F NUTRITION CMPL CAL DENSE
B4153	ENTRL F NUTRTN CMPL HYDROLYZD PROTS
B4154	ENTRAL F CMPL NO INHERITED DZ METAB
B4155	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS
B4157	ENTRAL F CMPL INHERITED DZ METAB
B4158	ENTRAL F PED NUTRITION COMPLETE
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD
B4160	ENTRAL F PED NUTRITN CMPL CAL DENSE
B4161	ENTRAL F PED HYDROLYZED/AA PROTEINS
B4162	ENTRAL F PED INHERITED DZ METAB

In addition, the following codes will be added to the Highmark Wholecare (Medicaid) PAL, effective 2/1/26:

Code	Description / Category
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
69930	Cochlear device implantation, with or without mastoidectomy
G2082, G2083	Office visits for the administration and post-administration observation of patients receiving esketamine
S0013	Esketamine, nasal spray, 1 mg

The following codes will be added to the Highmark Wholecare (Medicare) PAL effective 2/1/26:

Code	Description / Category
69930	Cochlear device implantation, with or without mastoidectomy
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time

Code	Description / Category
	interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

The following procedure codes do not require prior authorization:

Code	Description / Category
90832	Psychotherapy
E0435	PRTBLE LIQUID O2 SYS PURCHASE;
E0439	STATION LIQUID O2 SYS RENTAL;
E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE
E1405	O2&WATR VAPR ENRICH SYS W/HEAT DEL