

Prior authorization requirements for E0784, K0553 and K0554

Effective **February 1, 2020**, prior authorization (PA) requirements will change for the following services to be covered by health plan for program members. Federal and state law, state contract language and CMS guidelines (including definitions and specific contract provisions and 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 (CGM), 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. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com>. Contracted and noncontracted providers who are unable to access Availity may call Provider Services using the number on the back of the member's ID card for information on PA requirements.