

## Prior authorization requirements for HCPCS code 55899

Effective **January 1, 2021**, prior authorization (PA) requirements will change for HCPCS code 55899. This will be reviewed using MED.00132: Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures. This code will require PA by Amerigroup Community Care for 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:

- 55899 — Unlisted procedure, male genital system

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

- **Web:** <https://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 contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> at <https://providers.amerigroup.com/GA> > Login. Contracted and noncontracted providers who are unable to access Availity\* may call Provider Services at **1-800-454-3730** for assistance with PA requirements.

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care