

To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas PA Community HealthChoices (CHC) Providers

Date: August 16, 2022

Re: Update: Prior Authorization for Septoplasty, Submucous Resection

This is an update to the prior authorization requirement that was announced in December 22, 2020 for the following procedure:

CPT code 30520 - Septoplasty, Submucous Resection*

Requirement:

It was indicated in a notice regarding Ambulatory Surgery Center Procedures dated December 22, 2020 that certain procedures did not require prior authorization when performed in either an in-network Ambulatory Surgery Center, or an in-network hospital-based outpatient surgery center.

After further review, it has been determined that medical necessity is required for Septoplasty, Submucous Resection (CPT code 30520)*. Therefore, effective immediately, prior authorization to determine medical necessity is required for this procedure. Prior authorization is required for all places of service, including in-network Ambulatory Surgery Centers or an in-network hospital-based outpatient surgery center.

If you have any questions regarding this notice, please contact your Provider Account Executive, or Provider Services at 1-800-521-6007.