



Important Prior Authorization Updates

(Effective Apr. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Peach State Health Plan wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

Service Category	PA Rule	Services	Procedure codes
Behavioral Health	PA Required	Treatment Services	H2012, S9480
Breast Services	No PA Required if billed with breast cancer diagnosis. PA Required if billed with any other diagnosis	Breast Reconstruction	19364
		Surgery-Integumentary System	19303
Cardiovascular	No PA Required for PAR providers	Cardiac Rehab	93797
DME Services	PA Required	Diabetic Drugs And Supplies	A9276, A9277, A9278
		Neurostimulators	E0745
		Nutritional Services	B4102, B4103, B4104, B4105
		Orthotic & Prosthetic	L1970, L2280
		Wheelchairs	E1028, E2609, E2617, E2620, E2621, K0831
	PA Required after plan benefit limitation	Nutritional Services	B4149, B4150, B4152, B4153, B4154, B4155, B9998
	No PA Required if member is under 21 years old at date of service. PA Required for all other members.	Nutritional Services	B4100
No PA Required for PAR providers	Orthotic & Prosthetic	L2330	
	Supplies and Devices	A4322	
Drug Codes	PA Required	Injections	J0878, J1558, Q5122
Genetic Analysis	PA Required	Genetic Testing	81455
Hearing Services	PA Required	Implants and Supplies	V5160
Home Services	PA Required	Home Therapy	S5120, S5121
Hospice	PA Required	Hospice Services	Q5006
Laboratory	No PA Required for PAR providers	Drug Tests	80362, 80370
Other Medical Services	PA Required	Hyperbaric Oxygen Therapy	G0277
	No PA Required for PAR providers	Wound Care	T1005
Physician Services	PA Required	Neurological Tests	95721, 95722, 95723, 95725, 95726
Skin Procedures	PA Required	Muscle Flap Procedures	15736, 15738
		Skin Grafts	15271, 15274, 15275, 15276

	PA Required if billed with diagnosis of gender dysphoria. For all others, PA Required for Non-PAR Providers only	Skin Grafts	14060, 14061, 15100, 15101, 15120
	PA Required after 12 visits per calendar year	Surgery-Integumentary System	11043
Surgery Procedures	PA Required	Facial, Cranial & TMJ Procedures	21235
		Joint Replacement Surgery	25447
		Spinal Surgery	63200
		Surgery-Endocrine System	60500
		Surgery-Heart	92920, 92921
		Surgery-Musculoskeletal System	28285, 28296
		Surgery-Respiratory System	30140
		Surgery-Vascular	36465, 36466, 36482
	PA Required if billed with diagnosis of gender dysphoria. For all others, PA Required for Non-PAR Providers only	Surgery-Male Genitalia	54520
No PA Required for PAR providers	Circumcision	54161	