

## Important Prior Authorization Updates (Effective Feb. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Home State Health and Ambetter from Home State Health want 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.

### Ambetter Changes:

| Service Category   | PA Rule        | Services               | Procedure codes     |
|--------------------|----------------|------------------------|---------------------|
| DME Services       | No PA Required | Wheelchairs            | E1140, E1150, K0739 |
| Drug Codes         | No PA Required | Injections             | J0640, J1720        |
| Surgery Procedures | PA Required    | Digestive System       | 43281, 43282, 49329 |
|                    |                | Male Genitalia         | 55866               |
|                    |                | Musculoskeletal System | 28300, 28308        |
|                    | No PA Required | Bariatric Surgery      | 95980               |
|                    |                | Vascular               | 36476, 36483        |

### Home State Health Changes:

| Service Category   | PA Rule        | Services                | Procedure codes                          |
|--------------------|----------------|-------------------------|------------------------------------------|
| Cardiovascular     | PA Required    | Heart Surgery           | 93656                                    |
| DME Services       | PA Required    | Neurostimulators        | C1767                                    |
|                    |                | Nutritional Services    | B4158, B4159, B4160, B4161               |
|                    | No PA Required | Wheelchairs             | E2366, K0739                             |
| Genetic Analysis   | No PA Required | Genetic Testing         | 81244, 81331                             |
|                    | No PA Required | Acupuncture             | 97810                                    |
|                    |                | Other Services          | 97014, 97032, 97035                      |
| Physical Medicine  | PA Required    | Orthotic and Prosthetic | Q4101, Q4121, Q4160, Q4186, Q4195, Q4196 |
| Skin Procedures    | PA Required    | Muscle Flap Procedures  | 15734                                    |
| Surgery Procedures | PA Required    | Abortion Procedures     | 59841                                    |

|                         |                |                        |                                                        |
|-------------------------|----------------|------------------------|--------------------------------------------------------|
|                         |                | Cardiovascular System  | 37221, 37243                                           |
|                         |                | Digestive System       | 49329, 49505, 49591, 49593, 49595, 49650               |
|                         |                | Female Genitalia       | 58661, 58662                                           |
|                         |                | Integumentary System   | 19301, 19357                                           |
|                         |                | Male Genitalia         | 54360                                                  |
|                         |                | Nervous System         | 64999                                                  |
|                         | No PA Required | Eye and Ocular Adnexa  | 66985                                                  |
|                         |                | Vascular               | 36471, 36479                                           |
|                         |                | Wound Care             | 13100, 13101, 13102, 13120, 13121, 13122, 13151, 13152 |
| Transportation Services | PA Required    | Medical Transportation | A0428, A0436                                           |