Effective April 1, 2024, Medicare plans will no longer require precertification for the following orthognathic surgical procedures:

- Removal of hip prosthesis (27090)
- Arthroscopy — diagnosis, with or without biopsy
- Arthroscopy: debridement
- Condylectomy

Medicare members may pend for medical necessity review for appropriate pre-authorization requests, including procedures requiring precertification. Be sure to submit precertification requests at least two business days prior to the procedure.

We currently apply the Diagnosis Related Group (DRG) system to episodes of care for Medicare members. We deny payment for drug and chemotherapy products administered and therefore will be excluded from the drug benefit for Medicare plans. Any changes for all other plans will be as outlined in this article.

Effective July 1, 2024, we will no longer require precertification for the following:

- Drugs associated with amyloidosis (ATTR) drugs category.
- Drugs associated with synthetic drugs category.
- Drugs associated with enzyme replacement drugs category.

Note to Texas providers: Changes described in this article apply to our commercial and Medicare members. This reminder applies to both our commercial and Medicare members.

Note to Washington State providers: Your effective date may vary. Please refer to the Pharmacy Coverage FAQs for more information. You can find out by visiting the 2024 Precertification List (PDF) page to find out if the code required effective March 26, 2024. This drug is part of the enzyme replacement drugs category. You may find out by visiting the 2024 Precertification List (PDF) page to find out if the code required effective March 15, 2024.

You may visit the provider portal on Availity®. Just go to Payer Space > Applications > Code Edit Lookup.