

## Prior authorization requirement changes effective January 1, 2023

Effective **January 1, 2023**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Anthem Blue Cross and Blue Shield (Anthem) for Anthem 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. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

- B4164 — Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix
- B4168 — Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix
- B4172 — Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
- B4176 — Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
- B4178 — Parenteral nutrition solution; amino acid, greater than 8.5%, (500 ml = 1 unit) - home mix
- B4180 — Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix
- B4185 — Parenteral nutrition solution, not otherwise specified, 10 grams lipids
- B4187 — Omegaven, 10 grams lipids
- B4189 — Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix
- B4193 — Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
- B4197 — Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
- B4199 — Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix
- B4216 — Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day
- B4220 — Parenteral nutrition supply kit; premix, per day
- B4222 — Parenteral nutrition supply kit; home mix, per day
- B4224 — Parenteral nutrition administration kit, per day
- B5000 — Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal -Aminosyn-RF, NephroAmine, RenAmine - premix
- B5100 — Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, HepatoAmine – premix

\* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

- B5200 — Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stressbranch chain amino acids - FreAmine-HBC - premix
- B9004 — Parenteral nutrition infusion pump, portable
- B9006 — Parenteral nutrition infusion pump, stationary
- B9999 — NOC for parenteral supplies
- S9364 — Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem
- S9365 — Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem
- S9366 — Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem
- S9367 — Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem
- S9368 — Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem

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

- **Web:** Once logged in to [availity.com](https://availity.com)\*
- **Fax:** 800-964-3627
- **Phone:** 855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://providers.anthem.com/wi> > Login or by accessing [availity.com](https://availity.com). Providers who are unable to access [availity.com](https://availity.com) may call our Provider Services at 855-558-1443 for assistance with PA requirements.