



MEMORANDUM

TO: Valued Providers

FROM: El Paso Health

DATE: September 11, 2018

RE: Prior Authorization Requirements for BRCA Screening and Genetic Testing

Effective October 15, 2018 the following CPT/HCPCS codes will require prior authorization for genetic testing. List may not be all inclusive:

81162	81220	81290	81321	81407	88248
81200	81221	81292	81322	81408	
81203	81222	81294	81323	81412	
81205	81223	81295	81330	81420	
81209	81224	81297	81361	81422	
81211	81243	81298	81400	81432	
81212	81244	81300	81401	81433	
81213	81250	81302	81402	81435	
81214	81251	81303	81403	81436	
81215	81255	81304	81404	81479	
81216	81257	81317	81405	81507	
81217	81260	81319	81406	88245	

Individual prior authorization requests may be submitted via fax, electronically, or telephonically. Remember to include all pertinent clinical information to support medical necessity.

The revised STAR/CHIP Prior Authorization Flyer will be available for your review with reflected changes by October 1, 2018 and can be located on our website under Providers/Provider Forms/Health Services Forms.

If you have any questions regarding this notification please contact our Provider Relations Team Monday – Friday 8am-5pm 915-532-3778 x1507. We appreciate your collaborative efforts in working with us and our members.