

Prior authorization requirements for E0482

Effective **November 1, 2020**, prior authorization (PA) requirements will change for E0482. The medical codes listed below will require PA by Dell Children's Health Plan. 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. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- E0482 — Cough stimulating device, alternating positive and negative airway pressure

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

- **Web:** <https://www.availity.com>*
- **Fax:** 1-800-964-3627
- **Phone:** 1-888-821-1108

Not all PA requirements are listed here. PA requirements are available to providers on our provider website (www.DellChildrensHealthPlan.com/Providers > Provider Utilization Management > Precertification Look-up Tool Outpatient) and at <https://www.availity.com>. Providers may also call Provider Services for PA requirements at **1-888-821-1108**.

* Availity, LLC is an independent company providing administrative support services on behalf of Dell Children's Health Plan.