

**To: Keystone First/Keystone First Community HealthChoices (CHC) Providers**

**Date: February 16, 2026**

**Re: Update to Services Requiring Prior Authorization**

**Effective March 15, 2026, the following codes require plan prior authorization. Prior authorization requests can be quickly and easily obtained through NaviNet or faxed to Keystone First at 1-215-937-5322 or Keystone First CHC at 1-855-540-7066.**

| <b>Code</b> | <b>Description</b>   |
|-------------|--|
| 29999       | Unlisted procedure, arthroscopy  |
| 86999       | Unlisted transfusion medicine procedure  |
| 86999       | Unlisted transfusion medicine procedure  |
| J3590       | Unclassified biologics   |
| 90899       | Unlisted psychiatric service or procedure  |
| A9699       | Radiopharmaceutical, therapeutic, not otherwise classified   |
| T2023       | Targeted case management; per month  |
| T4541       | Incontinence product, disposable underpad, large, each   |
| S9342       | Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem                                       |
| 64561       | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed   |
| A9900       | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  |
| S9330       | Home Infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem               |
| S9363       | Home Infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9500       | Home Infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |



**Reminder: Authorization guidelines are subject to change. For the most up to date plan guidelines and to review if any service needs prior authorization, use the Prior Authorization Lookup Tool on the provider website(s) at:**

- [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → For Providers → Resources → Prior Authorization Lookup Tool.

Thank you for your participation in our network and the continued care you provide for our Members/Participants. If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007.