



April 25, 2017

Announcement 1359

Update for Provider Type 33: Regarding Claims that Denied Due to Prior Authorization Requirement

Update to [Web Announcement 1199](#): Claims submitted by provider type 33 (DMEPOS) for the procedure codes in the table below with dates of service on or after December 21, 2015, (on or after September 1, 2015, for codes K0003 and K0004) through July 26, 2016, that denied with edit code 0155 (Procedure requires authorization) inappropriately have been automatically reprocessed. Results of the reprocessed claims will appear on remittance advices dated April 28, 2017.

HCPCS Code(s)	Service Limit
A5501	2 in 12 months
E0184, E0185, E0197, E0198 and E0600	1 in 36 months
A4640	1 in 6 months
E0199	1 in 2 months
A7017	1 in 24 months
E0570, K0001, K0002, K0003 and K0004	1 in 5 years
E0202	3 in a calendar year

Reminder: Prior authorization is required only if service limits indicated above are exceeded.