

Important Prior Authorization Updates

Effective Feb. 1, 2026

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Ambetter from Absolute Total Care wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions about specific prior authorization codes or how these changes affect your practice, your Provider Engagement Account Manager is here to help. You can also reach out to Provider Services at 1-833-270-5443.

Service Category	PA Rule	Services	Procedure codes
DME Services	No PA Required	Wheelchairs	E1140, K0739
Home Services	No PA Required	Social Services	S9127
Surgery Procedures	PA Required	Cardiovascular System	92928
		Digestive System	43281, 43282, 49329
		Male Genitalia	55866
		Musculoskeletal System	28300, 28308
	No PA Required	Vascular	36476, 36483