

To: Keystone First – CHIP Providers

Date: February 16, 2026

Re: Update to Services Requiring Prior Authorization

Effective April 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 – CHIP at 1-215-937-5322.

Code	Description
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.keystonefirstchip.com → Providers → Prior Authorization Lookup Tool

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