

PROVIDER NOTIFICATION: NEW CODES & PRIOR AUTHORIZATION REQUIREMENT

Dear Provider,

South Country Health Alliance (South Country) is notifying providers of new codes/services that became active April 1, 2026. The new codes/services listed in the table below will be added to South Country's Prior Authorization list and will **require prior authorization for South Country members for dates of service on and after July 1, 2026.**

What providers need to do:

- For dates of service **on/after 7/1/2026**, submit a prior authorization request before providing the service(s).
- Confirm member eligibility and benefit coverage at the time of scheduling/service.
- Include supporting clinical documentation (diagnosis, prior treatment history, ordering/servicing provider information, requested units/dates, and any other information needed to assess medical necessity).
- Submit requests through the [South Country Provider Portal](#) or by fax at **1-888-633-4052**.

Questions or assistance: If you have questions about these authorization requirements or need assistance submitting a request, please contact South Country Utilization Management at **1-888-633-4051**. For general provider support, please contact the Provider Contact Center (PCC) at **1-888-633-4055**.

Thank you for your partnership in providing care to South Country members.

Sincerely,
South Country Health Alliance





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DME	
CODE	SERVICE
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only
Genetic Testing	
CODE	SERVICE
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk

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0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk
0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk
Medical Pharmacy	
CODE	SERVICE
C9309	Injection, onasemnogene abeparvovec-brve, per treatment
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph
J9601	Injection, linvoseltamab-gcpt, 1 mg
Surgery/Procedures	
CODE	SERVICE
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array
C8008	Revision or replacement of hypoglossal nerve neurostimulator array, including connection to existing pulse generator

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C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components
C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver
Wound Care	
CODE	SERVICE
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)

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Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)
Q4438	Preteck, per square centimeter (add-on, list separately in addition to primary procedure)
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)



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South Country Provider Contact Center

1-888-633-4055

Hours: 8 a.m. - 4:30 p.m.

The Provider Contact Center staff are available as your first point of contact to assist with the following.

Member benefit coverage

Authorization verification

Website questions

Claims billing and processing guidelines

Remittance adjustment code details and payment information

Provider web portal issues

Claim rejection guidance

General information

South Country wants to ensure providers are reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. In addition, callers that utilize our Provider Contact Center are provided a reference number that identifies your call in our system. Please keep the reference number in your records to refer to if you have any additional questions or need to check the status of an open issue. The reference number will help the representative locate your issue quickly.