



**To: Keystone First /Keystone First Community HealthChoices (CHC) Network Participating
Home Infusion Providers**

Date: August 3, 2026

Re: Update to services requiring Prior Authorization

Update to Prior Authorization Notification sent on February 5th 2026, effective immediately, the following codes will no longer require prior authorization if they are included on your contract.

Code	Description
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
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

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 → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- www.keystonefirstchc.com → For Providers → Resources → Prior Authorization Lookup Tool.

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