

Prior Authorization Update (STAR Medicaid and CHIP)

Reminder *prior authorization is not required* for code 54150 (Circumcision) for members **under 1 year of age for Network providers.**

Prior authorization is required for code 54150 for **children 1 year of age and older for Network providers.**

Prior authorization is required for all services for Out of Network providers.

Effective May 1, 2026 code 54160 (Circumcision) is added to the prior authorization list.

Prior authorization is not required for code 54160 for members **under 1 year of age for Network providers.**

Prior authorization is required for Network providers for code 54160 for **children 1 year of age and older.**

Prior authorization is required for all services for Out of Network providers.