

Prior authorization requirement changes

This communication applies to the Medicare Advantage and Medicare-Medicaid Plan (MMP) programs for Anthem Blue Cross (Anthem).

Effective **March 1, 2023**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Anthem for our members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid services guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

- 0117U — Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
- K1021 —Exsufflation belt, includes all supplies and accessories

Not all PA requirements are listed here. Detailed PA requirements are available to providers on <https://medicareprovider.healthybluemo.com> on the **Resources** tab or for contracted providers by accessing Availity* at <http://availity.com>. Providers may also call Customer Care Centers for assistance with PA requirements:

- Cal MediConnect Plan: **855-817-5786**
- Medicare Advantage: Call the number on the back of the member ID card.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.

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