

Prior authorization requirement changes effective November 1, 2022

Effective **November 1, 2022**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Anthem Blue Cross and Blue Shield Medicaid for Medicaid 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 PA 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):

- **33249** – Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
- **C1777** – Lead, cardioverter-defibrillator, endocardial single coil (implantable)
- **E0784** – Ext Amb Infusn Pump Insulin
- **K0553** – Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity* at <http://availity.com>.
- **Fax:** 800-964-3627
- **Phone:** 855-661-2028

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://providers.anthem.com/ky>. Log in or access Availity. Providers who are unable to access Availity may call our Provider Services at 855-661-2028 for assistance with PA requirements.



Email is the quickest and most direct way to receive important information from Anthem Blue Cross and Blue Shield Medicaid.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3lZ9oEj>).



<https://providers.anthem.com/ky>

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