

Prior authorization requirement changes

Please note, this communication applies to Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

Effective **August 1, 2021**, prior authorization (PA) requirements will change for K0554. The medical codes listed below will require PA by HealthKeepers, Inc. for Anthem CCC Plus 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.**

PA requirements will be added to the following:

- K0554 - Receiver(monitor) dedicated for use with therapeutic glucose continuous monitor system

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

- **Web:** Once logged in to Availity* at <http://availity.com>, select **Patient Registration > Authorizations & Referrals**, then choose **Authorizations** or **Auth/Referral Inquiry**, as appropriate.
- **Fax:** 800-964-3624
- **Phone:** 800-901-0020

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://providers.anthem.com/va> > Login.

If you have any questions about this communication, call Anthem HealthKeepers Plus, Anthem CCC Plus Provider Services at **855-323-4687**.

* Availity, LLC is an independent company providing administrative support on behalf of HealthKeepers, Inc.