

Prior authorization requirement change for HCPCS code K1022

Effective June 1, 2022, prior authorization (PA) requirements will change for HCPCS code K1022. The medical code below will require PA for Anthem Blue Cross and Blue Shield 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.**

What is the impact of this change?

PA requirements will be added to the following:

- **K1022:** Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

To request PA, use one of the following methods:

- **Web:** Log into [Availity](#),* then select Patient Registration > Authorizations & Referrals. Then select **Authorization Request** or **Auth/Referral Inquiry**, as appropriate.
- **Fax:** 800-964-3627
- **Phone:** 855-558-1443

Not all PA requirements are listed here. PA requirements are available to providers by accessing the Precertification Lookup Tool at [website](#) on the *Resources* tab or for contracted providers on the [Availity Portal](#). Providers may also call Provider Services at **855-558-1443** for assistance with PA requirements.



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

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/3zszbJF>).



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