Anthem Blue Cross

New Prior Authorization Requirements Effective May 1, 2016

On May 1, 2016, there are new prior authorization requirements for enrollees of the Medicare Advantage Plans. Medicare Advantage collaborates with AIM to conduct medical necessity reviews for certain Radiology services.

What does this mean to you?
These new prior authorization changes will go into effect on May 1, 2016. Codes requiring prior authorization by AIM (include, but not limited to):

- 32701- Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
- 43499- Unlisted procedure, esophagus
- 47999- Unlisted procedure, biliary tract
- 55899- Unlisted procedure, male genital system
- 61799- Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
- 77295- Therapeutic radiology simulation-aided field setting; 3-dimensional
- 77387- Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
- 77470- Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
- 77370- Special medical radiation physics consultation
- S8030- Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy

To obtain prior authorization you may contact AIM at 1-800-714-0040 or go directly to AIM’s website at www.aimspecialtyhealth.com/goweb. Not all precertification requirements are listed here. Detailed Prior Authorization requirements are available to contracted providers by accessing the “Provider Self-Service Tool” within Availity. Non-contracted providers should contact the Health Plan. General precertification guidelines can be found at the Provider Forms section of the Anthem Blue Cross Medicare Advantage Public Provider Portal www.anthem.com/ca/medicareprovider.