Anthem Blue Cross

Prior Authorization Requirements for Intracardiac Electrophysiological Studies and Catheter Ablation

On April 1, 2017, Anthem Blue Cross prior authorization requirements will change for Intracardiac Electrophysiological Studies and Catheter Ablation. 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 prior authorization 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 to the codes below:

- 93600, 93602, 93609, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 93650, 93653, 93654, 93656 and 93660.

Not all prior authorization 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.

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