Anthem Blue Cross

Prior Authorization Requirement Change for Orthotics

On December 1, 2017, Anthem Blue Cross prior authorization (PA) requirement will change for Orthotics. Prior authorization reviews will be performed primarily on back, knee, ankle and foot orthoses. 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.

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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