

Prior authorization requirements

On **June 1, 2020**, Anthem Blue Cross prior authorization (PA) requirements will change for the following codes. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added for the following codes:

- 0042T — CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME
- 0075T — TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1ST VSL
- 0100T — PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA
- 0110T — QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI
- 0126T — COMMON CAROTID INTIMA MEDIA THICKNESS STUDY
- 0191T — ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT
- 0207T — EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI
- 0221T — PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB
- 0232T — NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION
- 0238T — TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA
- 0253T — INSERT ANT SGM DRAINAGE DEV W/O RESERVR INT APPR
- 0263T — AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST
- 0268T — IM/REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY
- 0278T — TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS
- 0295T — EXT ECG > 48HR TO 21 DAY RCRD SCAN ANLYS REP R&I
- 0296T — EXT ECG > 48HR TO 21 DAY RCRD W/CONECT INTL RCRD
- 0297T — EXT ECG > 48HR TO 21 DAY SCAN ANALYSIS W/REPORT
- 0298T — EXT ECG > 48HR TO 21 DAY REVIEW AND INTERPRETATN
- 0330T — TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R
- 0339T — TRANSCATHETER RENAL SYMPATH DENERVATION BILAT
- 0358T — BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R
- 0379T — VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT
- 0394T — HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE
- 0402T — COLLAGEN CROSS-LINKING OF CORNEA
- 0403T — DIABETES PREVENTION PROG STANDARDIZED CURRICULUM
- 0428T — REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR
- 0435T — PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS
- 0442T — ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX/TRNCL NRV
- 0448T — RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE
- 0449T — INSJ AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV
- 0464T — VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPR
- 0474T — INSJ ANT SEG AQUEOUS DRG DEV W/IO RSVR
- 0479T — FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.

- 0488T — DIABETES PREV ONLINE/ELECTRONIC PRGRM PR 30 DAYS
- 0499T — CYSTO W/DIL & URTL RX DEL F/URL STRIX/STENOSIS
- 0505T — EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR

To request PA, you may use the following method:

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity* at <https://www.anthem.com/ca/medicareprovider> > Login. Call the Provider Services number on the back of the member's ID card for PA requirements.