Prior authorization requirements for E0784, K0553 and K0554

Effective February 1, 2020, prior authorization (PA) requirements will change for the following services to be covered by Anthem Blue Cross and Blue Shield for Medicare Advantage members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:
- **E0784**: ext amb infusn pump insulin
- **K0553**: supply allowance for therapeutic continuous glucose monitor, includes all supplies and accessories, one month supply = one unit of service
- **K0554**: receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool on the Availity Portal by going to [www.anthem.com/medicareprovider](http://www.anthem.com/medicareprovider) > MyAnthem > Login.

Contracted and noncontracted providers unable to access Availity can call the Provider Services number located on the member’s card for PA requirements.