
On January 1, 2016, there are new prior authorization requirements for enrollees of the Medicare Advantage Plans.

These new prior authorization changes will go into effect on January 1, 2016. Some of the categories requiring prior authorization in January are: Home Health Services, Observation, Cardiac Ablation and Electrophysiological Studies, Vascular Angioplasty/Stent and Knee and Hip Replacements

Some of these services were listed as requiring prior authorization in 2015 but are called out here as a reminder.

To obtain prior authorization or to verify member eligibility, benefits or account information, please call the telephone number listed on the member’s plan membership card.

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 and Blue Shield Medicare Advantage Public Provider Portal www.anthem.com/medicareprovider.