

Prior authorization requirement changes effective January 1, 2021

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On January 1, 2021, Anthem prior authorization (PA) requirements will change for certain 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. See the attachment to this article for the additional codes that will require prior authorization effective January 1, 2021.

Not all prior authorization requirements are listed in the attachment. Prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.availity.com at <https://www.anthem.com/provider/medicare-advantage> > Login. Contracted and non-contracted providers who are unable to access Availity* may call the number on the back of the member's ID card.

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

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URL: <https://providernews.anthem.com/connecticut/article/prior-authorization-requirement-changes-effective-january-1-2021>

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Article Attachments

[Medicare Advantage prior authorization requirement changes effective January 1, 2021.pdf](#)
application/pdf - 92.16 KB

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