

## Utilization management authorization rule operations

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### *Medicare Advantage*

On November 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) prior authorization (PA) requirements will change for L8702 covered by Anthem. 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 code:

- L8702 — Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at [anthem.com/provider/news/archives/?cnslocale=en\\_US\\_co&category=medicareadvantage](https://anthem.com/provider/news/archives/?cnslocale=en_US_co&category=medicareadvantage) > Login or by accessing Availity.\* Once logged in to [Availity](#), select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at the number on the back of your patients' Anthem ID card for assistance with PA requirements.

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