

## **Prior authorization requirement for Electrical Stimulation Device**

On **August 1, 2018**, Amerigroup prior authorization (PA) requirements will change for Electrical Stimulation Device covered by Amerigroup. 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. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the following code:

- **E0766** - Electrical stimulation device used for cancer treatment, includes all accessories, any type.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at [www.Availity.com](http://www.Availity.com). Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member's ID card for prior authorization requirements.

71149MUSENMUB 03/05/18

Coverage provided by Amerigroup Inc.

In New Jersey, Amerivantage dba Amerigroup Community Care. In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Tennessee, Amerigroup Tennessee Inc. dba Amerigroup Community Care. In Washington, Amerigroup Washington, Inc.