Elective one and two vessel coronary artery bypass graft to require prior authorization

Summary: Effective February 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will require prior authorization (PA) for elective one and two vessel coronary artery bypass graft (CABG) procedures. Noncompliance with new requirements may result in denied claims. PA requirements will be added to the following codes:

- 33510 — coronary artery bypass, vein only; single coronary venous graft
- 33511 — coronary artery bypass, vein only; two coronary venous grafts
- 33517 — coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)
- 33518 — coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for primary procedure)
- 33530 — reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)
- 33533 — coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 — coronary artery bypass, using arterial graft(s); two coronary arterial grafts

Federal law, state law, 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.

For the Medicaid markets, the Utilization Review team will utilize the InterQual Procedures Criteria for CABG requests.

In absence of an existing national coverage determination or local coverage determination, the Medicare markets will utilize the InterQual Procedures Criteria for CABG requests.

Not all PA requirements are listed here. For more information, go to https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool. You may also call Provider Services at 1-855-878-1785.