

Prior authorization requirements for cardiovascular services

Effective August 1, 2018, prior authorization (PA) requirements for cardiovascular services for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) members will change. Federal law, state law and state contract language (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following CPT codes:

- 93285: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values
- 33282: Implantation of patient-activated cardiac event global recorder

To request PA, you may use one of the following methods:

- Availity Portal: <https://www.availity.com>
- Fax: 1-888-235-8468
- Phone: 1-855-878-1785

Not all PA requirements are listed here. PA requirements are available to contracted providers by visiting <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool.

Federal law, state law and state contract language (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-855-878-1785.

<https://providers.amerigroup.com>