

# Provider Update

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## **New 2016 prior authorization requirements**

On January 1, 2016, there are new prior authorization requirements for enrollees of the Medicare Advantage Plans.

These new prior authorization changes will go into effect on January 1, 2016. Some of the categories requiring prior authorization in January are: **Home Health Services, Observation, Cardiac Ablation and Electrophysiological Studies, Vascular Angioplasty/Stent and Knee and Hip Replacements**

Some of these services were listed as requiring prior authorization in 2015 but are called out here as a reminder.

To obtain prior authorization or to verify member eligibility, benefits or account information, please call the telephone number listed on the member's plan membership card.

Not all precertification requirements are listed here. Detailed prior authorization requirements are available to Amerigroup\*-contracted providers by accessing the "Provider Self-Service Tool" within Availity. Noncontracted providers should contact the Health Plan.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

\*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 Washington, Amerigroup Washington, Inc.