

Prior authorization requirements for Cardiovascular Services

Effective August 1, 2018, prior authorization (PA) requirements will change for Cardiovascular Services to be covered by Amerigroup for Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- 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:

- **Web:** <https://www.availity.com>

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool <https://www.availity.com>. Contracted and non-contracted providers who are unable to access Availity may call the Provider Services number on the back of the member's ID card for PA requirements.

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Coverage provided by Amerigroup Inc.

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