

# Provider Update

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## Prior Authorization Requirements for Elective One and Two Coronary Artery Bypass Graft

On **January 1, 2017**, Amerigroup\* Community Care prior authorization requirements will change for certain Elective one and two vessel Coronary Artery Bypass Graft (CABG). 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 prior authorization 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 codes below:

- 33510 - Coronary artery bypass, vein only; single coronary venous graft
- 33511 - Coronary artery bypass, vein only; 2 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); 2 venous grafts (List separately in addition to code for primary procedure)
- 33530 - Reoperation, coronary artery bypass procedure or valve procedure, more than 1 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); 2 coronary arterial grafts

In review of these services, the Medicaid markets that currently use Milliman Care Guidelines (MCG) criteria will reference MCG criteria for CABG. The Medicaid markets that currently utilize Interqual criteria will utilize the Interqual Procedures criteria for (CABG).

In absence of an existing National Coverage Determination or Local Coverage Determination, the Medicare markets that currently use MCG criteria will reference the MCG criteria for CABG. The Medicare markets that currently utilize Interqual criteria will utilize the Interqual Procedures criteria for CABG.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the "Provider Self-Service Tool" within Availity. Non-contracted providers should contact the health plan.

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\*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.

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.