

April 2019

Prior authorization requirement update

Effective July 1, 2019, prior authorization (PA) requirements will change for the musculoskeletal procedure noted below. This procedure will now require PA by Anthem Blue Cross and Blue Shield for BadgerCare Plus 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. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

29892 — Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)

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

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627
- **Phone:** 1-855-558-1443

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> or at <https://mediproviders.anthem.com/wi> > **Login**. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at **1-855-558-1443** for assistance with PA requirements.

<https://mediproviders.anthem.com/wi>