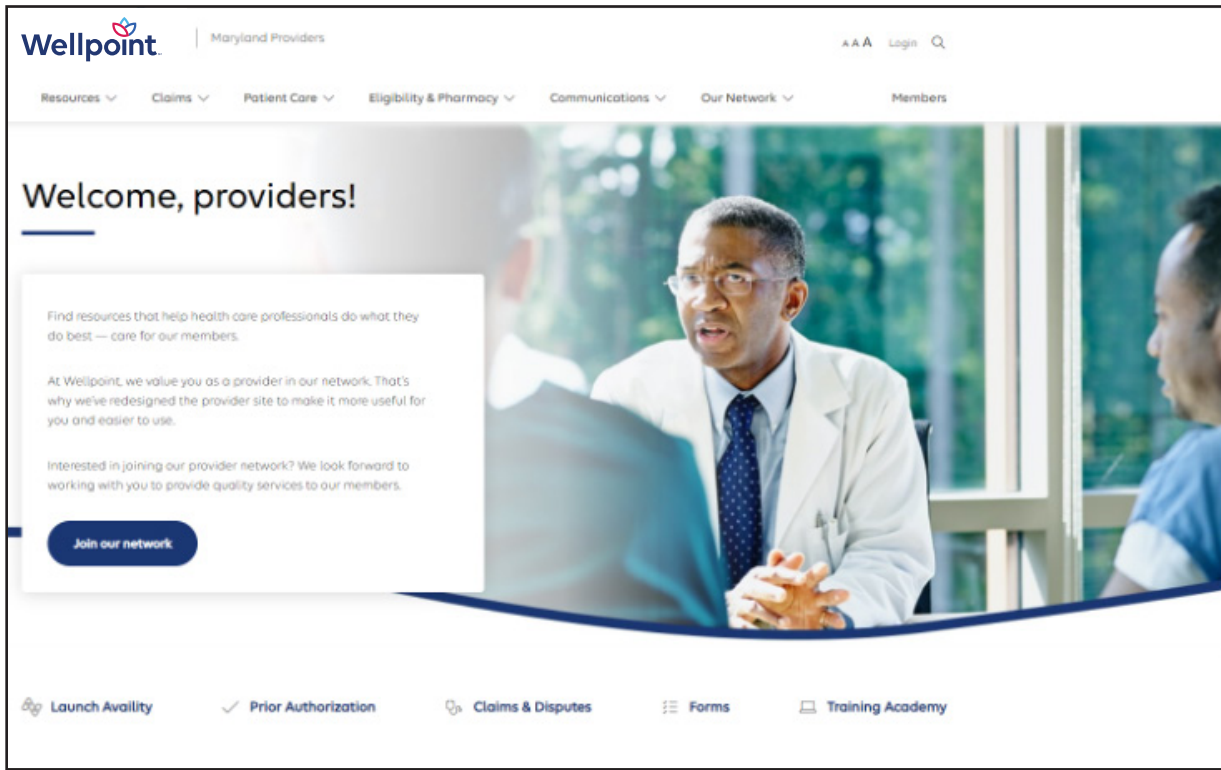




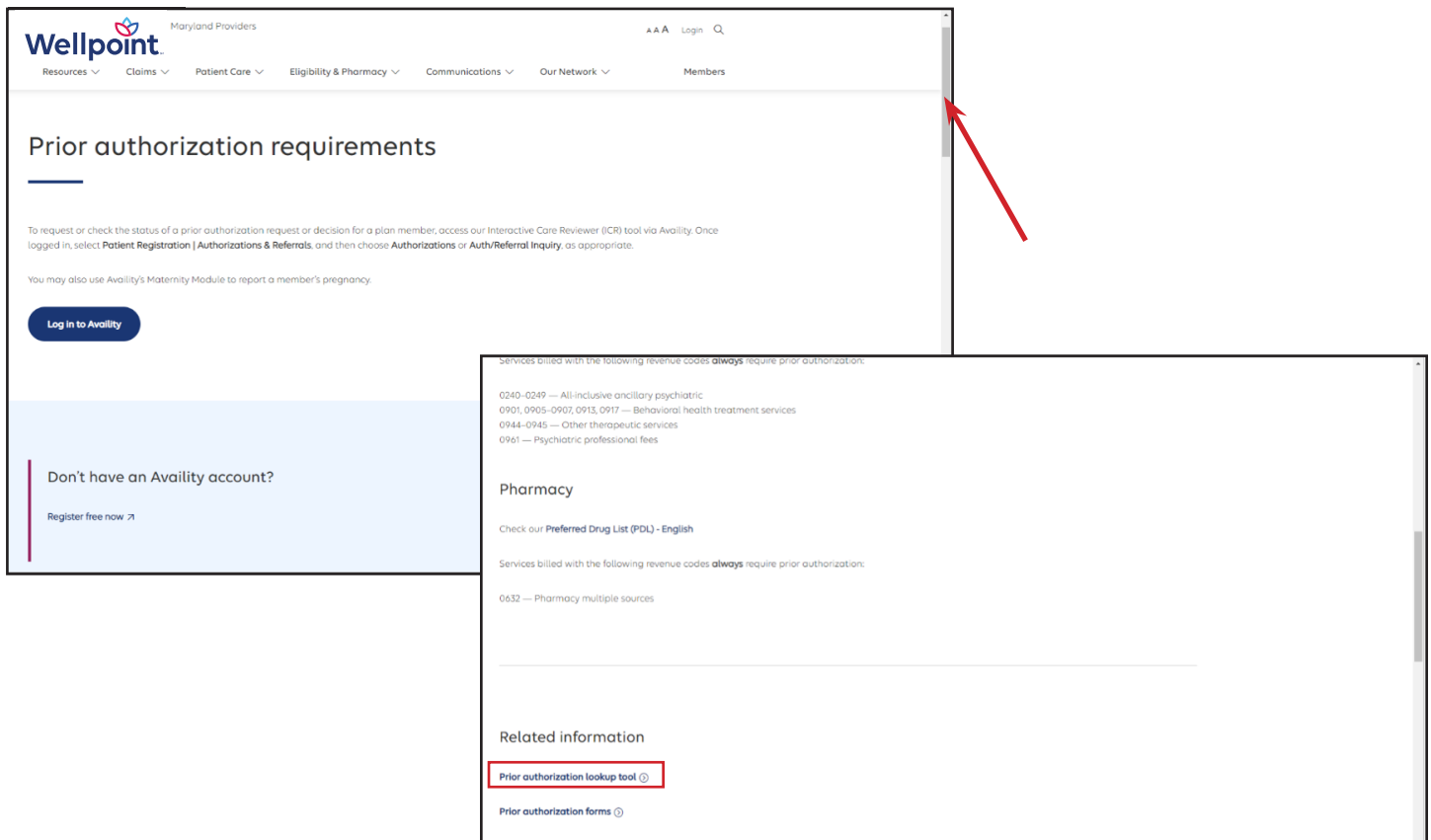
Quick reference guide: **prior authorization requirements**

Use this quick reference guide to navigate prior authorization (PA) requirements with ease.

Navigate to the Wellpoint website at provider.wellpoint.com/maryland-provider/home. Select **Prior Authorization** from the provider home page.



From the *Prior authorization requirements* page, scroll down to the *Related information*



heading. Select the **Prior authorization lookup tool** to access the drop-down boxes for *Market*, *Line of Business*, and *Drug name, CPT®/HCPCS Code or Code Description*. Please note you can only enter one CPT code at a time.

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Prior authorization lookup tool

Please verify benefit coverage prior to rendering services. Inpatient services and non-participating providers always require prior authorization.

Please note:

- This tool is for outpatient services only.
- This tool does not reflect benefits coverage*, nor does it include an exhaustive listing of all non-covered services (i.e., experimental procedures, cosmetic surgery, etc.). Refer to your **Provider Manual** for coverage or limitations.

Market

Maryland

Line of Business

Medicaid/SCHIP/Family Care

Drug name, CPT/HCPCS Code or Code Description

Type a drug name, CPT/HCPCS code or code description

Enter **Drug name, CPT/HCPCS Code or Code Description** where indicated and select the **Search** button. Search results will display below the *Search* button.

* This tool does not reflect benefits coverage*, nor does it include an exhaustive listing of all non-covered services (i.e., experimental procedures, cosmetic surgery, etc.). Refer to your **Provider Manual** for coverage or limitations.

Market

Maryland

Line of Business

Medicaid/SCHIP/Family Care

Drug name, CPT/HCPCS Code or Code Description

Type a drug name, CPT/HCPCS code or code description

11043

Searching...

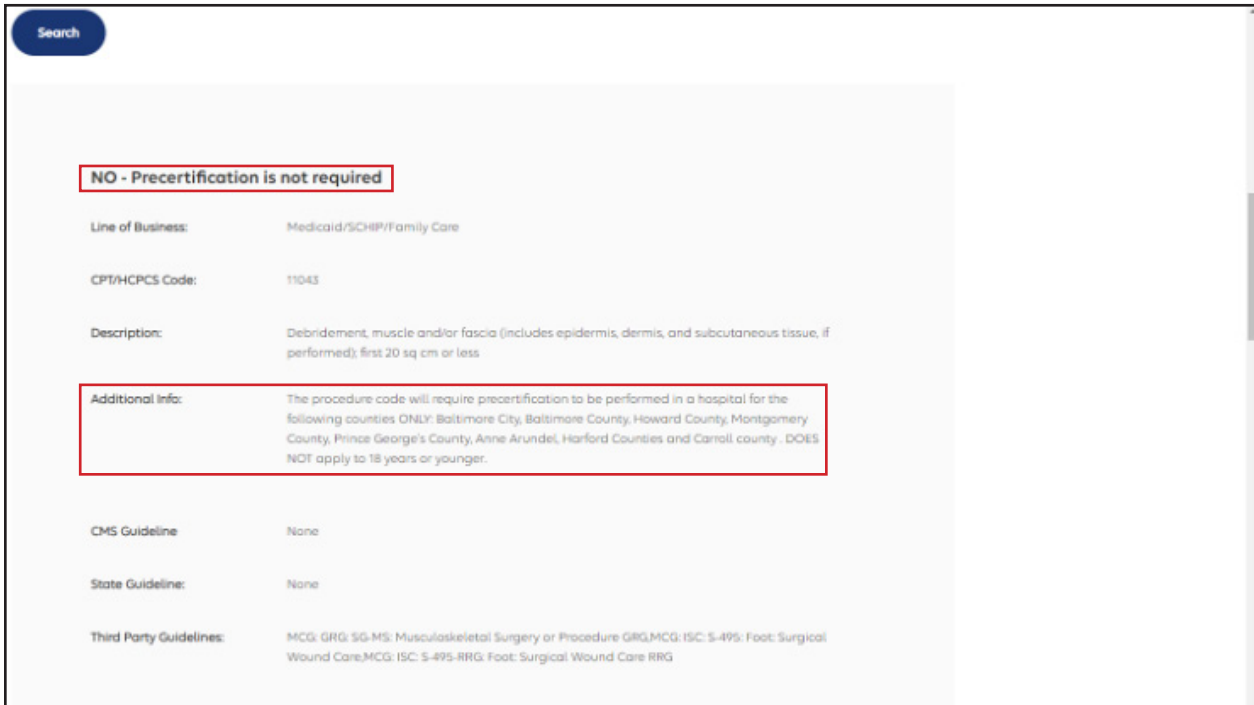
11043 - Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

Search

*Services may be listed as requiring prior authorization that may not be covered benefits for a particular member. Please verify benefit coverage prior to rendering services.

To verify member eligibility or benefits:

The response will indicate whether a precertification or medical necessity is necessary: **No - Precertification is not required**, or **Yes - Precertification is required**.



Search

NO - Precertification is not required

Line of Business: Medicaid/SCHIP/Family Care

CPT/HCPCS Code: 11043

Description: Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

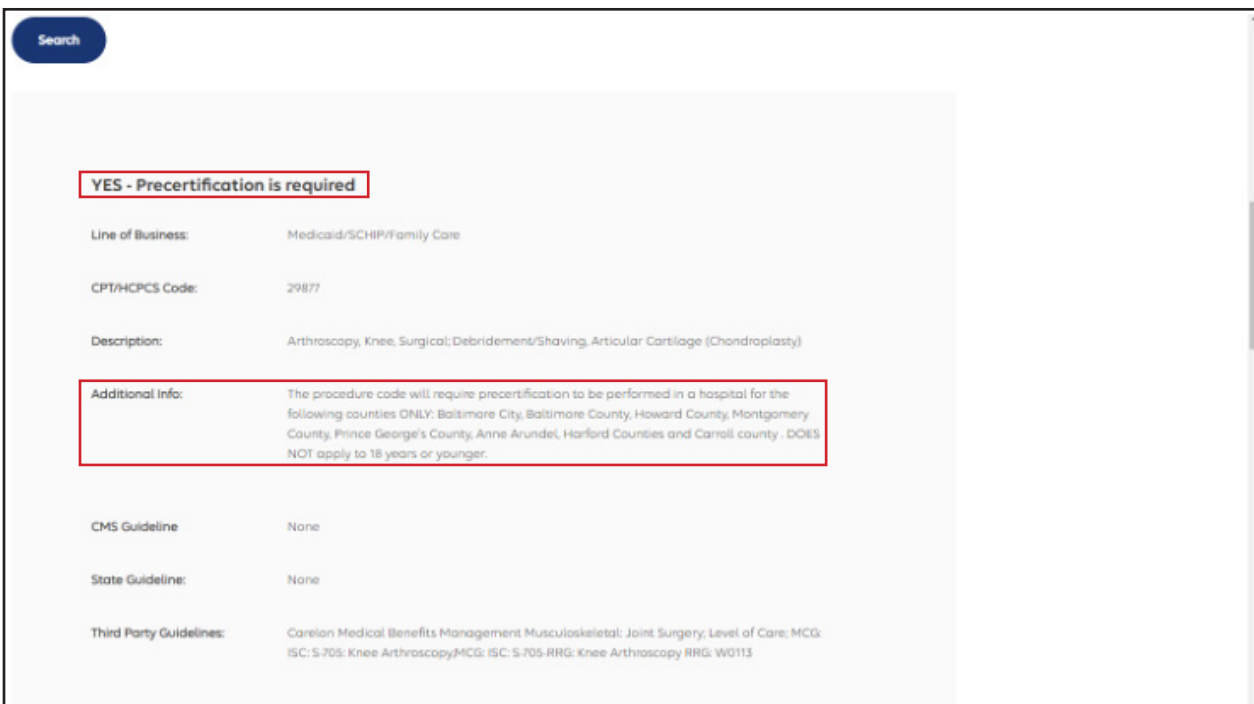
Additional Info: The procedure code will require precertification to be performed in a hospital for the following counties ONLY: Baltimore City, Baltimore County, Howard County, Montgomery County, Prince George's County, Anne Arundel, Harford Counties and Carroll county . DOES NOT apply to 18 years or younger.

CMS Guideline: None

State Guideline: None

Third Party Guidelines: MCG: GRG; SG-MS; Musculoskeletal Surgery or Procedure GRG;MCG: ISC: S-495: Foot: Surgical Wound Care;MCG: ISC: S-495-RRG: Foot: Surgical Wound Care RRG

In the example above, prior authorization or medical necessity review is **not** required, except under certain circumstances. Always read the *Additional Info* section for other possible PA requirements, such as site-of-service (SOS) review.



Search

YES - Precertification is required

Line of Business: Medicaid/SCHIP/Family Care

CPT/HCPCS Code: 29877

Description: Arthroscopy, Knee, Surgical;Debridement/Shaving, Articular Cartilage (Chondroplasty)

Additional Info: The procedure code will require precertification to be performed in a hospital for the following counties ONLY: Baltimore City, Baltimore County, Howard County, Montgomery County, Prince George's County, Anne Arundel, Harford Counties and Carroll county . DOES NOT apply to 18 years or younger.

CMS Guideline: None

State Guideline: None

Third Party Guidelines: Carelon Medical Benefits Management Musculoskeletal: Joint Surgery; Level of Care; MCG: ISC: S-705: Knee Arthroscopy;MCG: ISC: S-705-RRG: Knee Arthroscopy RRG: W0113

In the example above, **precertification/prior authorization** or medical necessity review is required. Always read the *Additional Info* section for other possible PA requirements. *Additional Info* may not always contain information but should always be reviewed and checked.

If a CPT code requires medical necessity review and site-of-service (SOS) review, this will be completed by two different utilization management (UM) teams.

This applies to medical/surgical CPT codes.

All medical/surgical CPT codes that require any type of PA may be submitted via Availity Essentials,* fax, or by phone at **833-707-0868**. All medical injectable J/Q codes that require any type of PA may be submitted to the pharmacy department via fax **844-490-4873**, or by phone at **833-707-0868**.

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Find resources that help health care professionals do what they do best — care for our members.

At Wellpoint, we value you as a provider in our network. That's why we've redesigned the provider site to make it more useful for you and easier to use.

Interested in joining our provider network? We look forward to working with you to provide quality services to our members.

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High-tech radiology codes are reviewed and redirected by Carelon Medical Benefits Management, Inc.* as noted below:

YES - Precertification is required

Line of Business: Medicaid/SCHIP/Family Care

CPT/HCPCS Code: 73225

Description: Mra, Upper Extremity, W/Wo Contrast

Vendor Responsibility Party: Carelon

Vendor Information: This code is precertified by Carelon. To obtain this authorization, you may go directly to Carelon's website at www.providerportal.com, or go to www.anthem.com and follow the link to Carelon. Or contact Carelon at (833)404-1679. Hours of operation are Monday through Friday, 8:00 a.m.-8:00p.m. Eastern time.

CMS Guideline: None

State Guideline: None

Third Party Guidelines: Carelon Medical Benefits Management Radiology: Advanced Imaging: Vascular Imaging



If you have questions regarding this quick reference guide, please contact Provider Services at **833-707-0868**.

