

Virginia standard precertification/prior authorization requirements

Virginia | Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. | Commercial

Eligibility and benefits

Eligibility and benefits can be verified by accessing Availity Essentials (<https://Availity.com>) or calling the number on the back of the member's identification card. Service preapproval is based on the member's benefit plan/eligibility when the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract's effective dates. The provider is responsible for verifying member eligibility and covered benefits.

Note: Not otherwise classified (NOC) and unlisted codes may not reflect precertification, which is required, but codes may require medical necessity review upon claims submission, depending on diagnosis and/or reimbursement level.

Precertification/prior authorization responsibility

The ordering or rendering provider of service is responsible for completing the prior authorization process.

HMO plans: Services listed below require prior approval and will not be eligible for reimbursement if rendered without the appropriate prior authorization for in-network care providers. HMO members may not have benefits for non-emergency services rendered outside of the network, which are subject to review and may not be eligible for reimbursement.

PPO plans: Prior approval for the services listed below is highly recommended. If not completed in advance, a pre-payment review of the claim will occur and may result in the claim being deemed not eligible for reimbursement.

EPO plans: Prior approval for the services listed below is highly recommended. If not completed in advance, a prepayment review of the claim will occur, which may result in the claim not being eligible for reimbursement. No out-of-network benefit is available, except for ER/urgent care and authorized services.

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc., serving all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123, are independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Notification process

For non-urgent requests, submit all required clinical information 14 calendar days before the proposed service when possible. For institutional admissions, all facilities must notify the plan by the next business day or within 48 hours after the admission, whichever is earlier. Failure to notify the plan promptly may result in a financial penalty.

To request prior authorization with the Virginia plan

Access Virginia Point of Care through Availity Essentials (<https://Availity.com>):

- Monday through Saturday: 6 a.m. to midnight, Sunday 6 a.m. to 1 p.m., and 8 p.m. to midnight ET:
 - For maternity, medical, and surgical prior authorizations, call the number listed on the back of the member's ID card for authorizations (Monday through Friday, 8 a.m. to 5 p.m. ET).
 - For mental health and substance use prior authorizations, call **800-755-0851**. Professionals are available 24 hours a day, seven days a week.

Carelon Medical Benefits Management, Inc.

Carelon Medical Benefits Management, a separate company, is a nationally recognized leader delivering specialty benefits management for certain health plan members on behalf of Virginia. For more information about Carelon Medical Benefit Management and its services, visit the Carelon Medical Benefit Management site at <https://providerportal.com>.

By selecting the link above, you will be linked to sites created and/or maintained by another, separate entity (an external site). You are subject to the external sites' terms of use, privacy, copyright, and security policies upon linking. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the external sites. The information on the external sites should not be interpreted as medical advice or treatment provided by us.

To request prior authorization, review by Carelon Medical Benefits Management:

- Access the Carelon Medical Benefits Management provider portal directly at <https://providerportal.com>. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access Carelon Medical Benefits Management through Availity Essentials at <https://Availity.com>.
- Call the Carelon Medical Benefits Management Contact Center at **866-789-0158**, Monday through Friday, 8 a.m. to 5 p.m. ET.

Category description	Responsible party	Comments
Admissions — includes hospital and physician services: <ul style="list-style-type: none"> • Elective admissions • Emergency admissions • Inpatient hospice • Inpatient acute rehabilitation admissions • Inpatient skilled nursing facility admissions • Inpatient long term acute care admissions • Inpatient maternity complications not related to delivery • Inpatient behavioral health and substance abuse admissions, including residential • Acute to Acute Inter-facility transfers for all admissions • Maternity admissions — vaginal and cesarean deliveries if more than two days or four days respectively 	Anthem	Failure to obtain preapproval may result in a reimbursement denial to the receiving facility if the transfer was not related to the patient's need for higher level of acuity services.
Advanced imaging studies (including MRI/MRA, PET & CAT scans, level of care)	Carelon Medical Benefits Management	
Ambulance: <ul style="list-style-type: none"> • Air ambulance 	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT®/HCPC codes that will need review.
Bariatrics	Carelon Medical Benefits Management	
Base surgical	Carelon Medical Benefits Management	

Category description	Responsible party	Comments
Behavioral health services: <ul style="list-style-type: none"> • Partial hospital program (PHP) • Intensive outpatient programs (IOP) • Intensive in-home services • Transcranial magnetic stimulation (TMS) • Applied behavior analysis (ABA) • Outpatient Services (varies by product and member benefits) • Psychological Testing (varies by product and member benefits) 	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Cancer care quality program	Carelon Medical Benefits Management	
Cardiology program (including advanced cardiology)	Carelon Medical Benefits Management	
Cosmetic and Reconstructive Services/Surgery	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Certain outpatient UM services	Carelon Medical Benefits Management	
Durable medical equipment (DME)	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.

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Experimental/investigative services/surgery	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Fertility	Carelon Medical Benefits Management	
Genetic testing (PPO fully insured; check member benefits for ASO prior approval requirements)	Carelon Medical Benefits Management	
Genetics (HMO products only when not performed by LabCorp)	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Home services: <ul style="list-style-type: none"> Private duty nursing 	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Infertility treatments/surgery	Anthem	
Lab/pathology	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Medical diagnostic/treatment services	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior

Category description	Responsible party	Comments
		authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Morbid obesity treatment/surgery	Anthem	
Musculoskeletal (MSK) program (including spine & joint surgeries, interventional pain management, level of care/setting reviews, pre-op days/expected inpatient length of stay. All fully insured HMO/PPO plans require review for MSK. Check member benefits for ASO prior approval requirements.	Carelon Medical Benefits Management	
Orthotics and prosthetics	Anthem	Access our coverage/Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.
Out of network/out of area services	Anthem	
Outpatient sleep apnea testing and therapy services	Carelon Medical Benefits Management	
Radiation therapy services	Carelon Medical Benefits Management	
Radiology (other than advanced imaging studies on this list)	Carelon Medical Benefits Management	
Rehabilitative services: <ul style="list-style-type: none"> • Early intervention • Speech • Cognitive rehabilitation 	Carelon Medical Benefits Management	
Specialty drugs: <ul style="list-style-type: none"> • Applies to medical benefit • Non-oncology drugs • Site of service review 	Anthem	

Category description	Responsible party	Comments
Surgery: <ul style="list-style-type: none"> • Site of service review may be applied • All outpatient facility-based surgery requires prior authorization for HMO plans when a clinical review of the procedure is required and/or contractual review to determine if service is non-covered per the member's benefits. 	Carelon Medical Benefits Management	
Surgical gastrointestinal (GI): <ul style="list-style-type: none"> • All fully insured HMO/PPO plans require review for surgical GI. Check member benefits for ASO prior approval requirements 	Carelon Medical Benefits Management	
Transplant services: <ul style="list-style-type: none"> • Organ • Bone marrow 	Anthem	Contact the transplant unit at 888-574-7215 .
Vascular services	Carelon Medical Benefits Management	



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form:

<http://anthem.ly/signup-abcbs-va>.