Prior Authorization Process

Who is my Prior Authorization vendor?
For services related to inpatient admissions, surgeries, and certain office/outpatient procedures authorization is required through Anthem. For services related to Cardiology, Oncology, Musculoskeletal, Sleep and Radiology, authorization is required through CarelonRx.

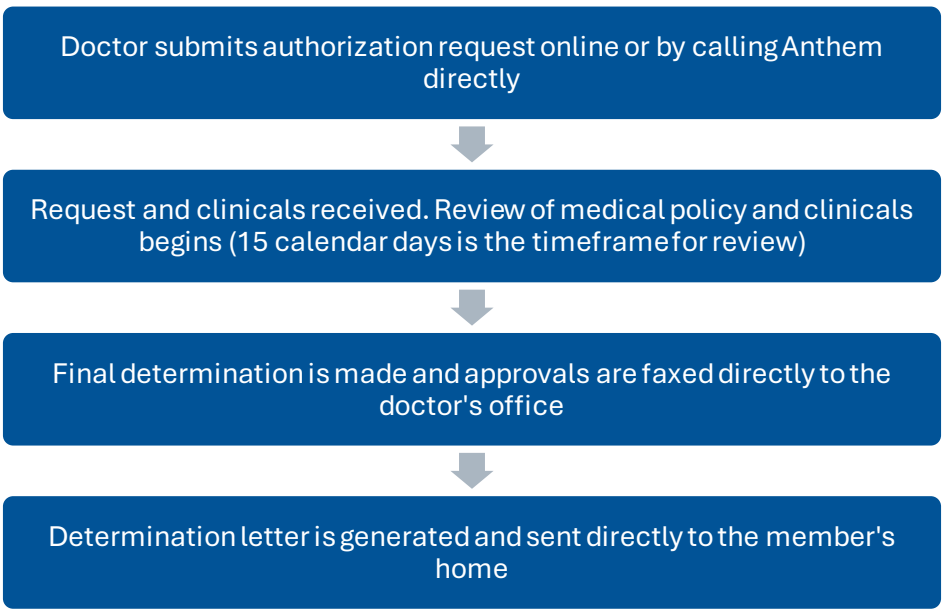
If you are unsure whether the service you are planning on having done requires prior authorization, please contact Anthem Member Services and our representatives will confirm for you:

Anthem Member Services: 833-952-2074
Monday – Friday 8:00 AM – 6:00 PM EST

What can I expect?
After you and your doctor have discussed your procedure, your doctor will call Anthem directly to initiate the authorization. Anthem will ask your doctor to provide clinical documentation to support the medical need for your procedure. We will review the request for authorization within 15 calendar days. You will receive a letter in the mail with the final determination of the prior authorization.

How can I check on the status of my prior authorization?
You can always call Anthem Member Services. Our representatives can check the status of the authorization and share updates with you at that time.

In-Network Authorization Flow:



Out of Network Authorization Flow:

When you cannot find an in-network provider within a 30-mile radius, you may be able to seek an authorization to see an out of network provider. This authorization allows you to see an out of network provider while obtaining the in-network level of benefits. This is called an “In for Out” or “IFO”.