



Services Requiring Prior Authorization

The table below outlines the services that require Prior Authorization (PA) for Anthem Blue Cross members enrolled in Medi-Cal Managed Care, Medi-Cal Access Program (MCAP), and Major Risk Medical Insurance Program (MRMIP). We will update this list as needed.

Providers are responsible for verifying eligibility and benefits before providing services to Anthem Blue Cross members. Except for an emergency, failure to obtain PA for the services listed below will result in a denial for reimbursement.

Requesting Prior Authorization

To request PA, report a medical admission, or ask questions regarding PA, contact the following:

For Medi-Cal Managed Care:

- **Phone** our Utilization Management/Authorization department at **1-888-831-2246**
- **Fax** PA requests/questions to **1-800-754-4708**

For MCAP and MRMIP:

- **Phone** our Utilization Management/Authorization department at **1-877-273-4193**
- **Fax** PA requests/questions to **1-800-754-4708**

To access our medical policies and clinical Utilization Management guidelines, please visit www.anthem.com/ca and select **OTHER ANTHEM WEBSITES: Providers**. On the following page, select **ENTER** under *Welcome to Anthem Blue Cross* and then select **ENTER** again in the blue box to the left again under *Medical Policy, Clinical UM Guidelines, and Pre-cert Requirements*.

Providers are required to refer members less than 21 years of age to the local California Children's Services (CCS) office for any CCS eligible condition.

- Referral to out-of-network provider and/or facility requires prior authorization for **all** services.
- Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.

Services Requiring Prior Authorization	
Service/Request	Is Prior Authorization (PA) required for in-network providers?
Air Ambulance	Yes, for all non-emergent transports.
Biofeedback	Yes
Dental Services	In-patient facility and anesthesia services require PA from Anthem Blue Cross. For assistance with dental inquiries, please contact our Customer Care Center at the following numbers: Medi-Cal (outside Los Angeles County) 1-800-407-4627 ; Medi-Cal (inside Los Angeles County) 1-888-285-7801 ; MCAP 1-877-687-0549 ; MRMIP 1-877-687-0549 .

www.anthem.com/ca

Services Requiring Prior Authorization	
Service/Request	Is Prior Authorization (PA) required for in-network providers?
Durable Medical Equipment (DME) and Disposable Supplies:	<p>Yes—Rental of DME and purchase of custom equipment will require PA request.</p> <p>Providers are required to get prior authorization of the following:</p> <ul style="list-style-type: none"> • Altered Auditory Feedback (AAF) Devices for the Treatment of Stuttering • Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD) • Automated External Defibrillators for Home Use • Bone-Anchored Hearing Aids • Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump during the Post-Operative Period • Electrical Bone Growth Stimulation • Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices • External (Portable) Continuous Insulin Infusion Pump • Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES) • Implantable Cardioverter-Defibrillator (ICD) • Implantable Infusion Pumps • Implantable Left Atrial Hemodynamic (LAH) Monitor • Implantable Middle Ear Hearing Aids • Implanted Devices for Spinal Stenosis • Implanted Spinal Cord Stimulators (SCS) • Microprocessor Controlled Lower Limb Prosthesis • Myoelectric Upper Extremity Prosthetic Devices • Oscillatory Devices for Airway Clearance including High Frequency Chest Compression (Vest™ Airway Clearance System) and Intrapulmonary Percussive Ventilation (IPV) • Patient-Operated Spinal Unloading Devices • Partial-Hand Myoelectric Prosthesis • Certain Prosthetic and Orthotic Devices • Self-Operated Spinal Unloading Devices • Standing Frames • Transtympanic Micropressure for the Treatment of Ménière's Disease • Ultrasound Bone Growth Stimulation • Ultraviolet Light Therapy Delivery Devices for Home Use • Vacuum Assisted Wound Therapy in the Outpatient Setting • Wearable Cardioverter Defibrillators • Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight • Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs) <p>For DME not listed above or any other questions regarding DME, please contact the Anthem Blue Cross Utilization Management department at the following: For Medi-Cal Managed Care: 1-888-831-2246; for MCAP and MRMIP: 1-877-273-4193.</p>
Gene Testing	Yes

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Service/Request	Is Prior Authorization (PA) required for in-network providers?
Home Health Care Services	Yes. Please contact the Anthem Blue Cross Utilization Management department at the following numbers to verify requirement: For Medi-Cal Managed Care: 1-888-831-2246 ; for MCAP and MRMP: 1-877-273-4193 .
Infusion/ Injection Therapy	Yes, some infusion and injection therapy require PA
Inpatient Hospital Services <ul style="list-style-type: none"> • Newborn Stays beyond Mother • Inpatient Skilled Nursing Facility (SNF) • Long Term Acute Care Facility (LTAC) • Rehabilitation facility admissions 	<ul style="list-style-type: none"> • All elective inpatient admissions require PA. • Notify Anthem Blue Cross of emergent admissions within 24 hours or the next business day of inpatient admission. • Routine vaginal or cesarean section deliveries do not require medical necessity review; however, both delivery types require notification. • All newborn deliveries require notification. Complete and send Newborn Enrollment Notification Report form within three days of delivery.
Laboratory Services	Providers are to utilize an in-network hospital / laboratory for all laboratory needs. Out of network Lab services and tests that are potentially investigational require PA.
Pharmacy and/or Over-the-Counter (OTC) Products	Certain preferred medications and all non-preferred medications may require PA; please contact Express Scripts, Inc. at 1-866-310-3666 . Specialty medications, such as Synagis and Botox, will require PA through the medical plan. Contact 1-888-831-2246 for more information.
Physician Services—Referrals to Specialists	Required when referring member to an out-of-network specialist.
Radiology Services	PA is required for <u>all</u> PET/SPECT scans, CT, CTA, MRI, and MRA. PA also is required for the following: <ul style="list-style-type: none"> • MR Spectroscopy • QCT Bone Densitometry • Myocardial Perfusion Imaging • Infarct Imaging • Intensity Modulated Radiation Therapy (IMRT) • Cardiac Blood Pool Imaging • PET/CT Fusion • Screening CT colonoscopy • Diagnostic CT Colonography • Functional MRI Brain • CT Heart for Calcium Scoring • CT Heart for Structure & Morph • CTA Heart Incl Structure & Morph • MEG • Add-on Procedures • ALL Radiology services that are potentially investigational including certain Brachytherapy and Radiation Therapy

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Inpatient & Outpatient Surgeries/ Procedures	<p>All elective inpatient procedures and some outpatient procedures require PA. Surgeries/procedures that are potentially cosmetic and/or investigational require PA.</p> <p>Outpatient Procedures include:</p> <ul style="list-style-type: none"> • Ablative Techniques as a Treatment for Barrett's Esophagus • Adoptive Immunotherapy and Cellular Therapy • Anterior Segment Optical Coherence Tomography • Antineoplaston Therapy • Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence • Artificial Retinal Devices • Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting • Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer • Automated Evacuation of Meibomian Gland • Automated Nerve Conduction Testing • Axial Lumbar Interbody Fusion • Balloon Sinus Ostial Dilation • Behavioral Health Treatments for Pervasive Developmental Disorders • Bicompartmental Knee Arthroplasty • Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema • Biomagnetic Therapy • Blepharoplasty, Blepharoptosis Repair, and Brow Lift • Breast Ductal Examination and Fluid Cytology Analysis • Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures • Bronchial Thermoplasty • Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure • Carotid Sinus Baroreceptor Stimulation Devices • Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement • Cervical Artificial Intervertebral Discs • Coblation® Therapies for Musculoskeletal Conditions • Cochlear Implants and Auditory Brainstem Implants • Cognitive Rehabilitation • Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data • Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures • Convection Enhanced Delivery of Therapeutic Agents to the Brain • Cooling Devices and Combined Cooling/Heating Devices

Services Requiring Prior Authorization	
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	<ul style="list-style-type: none"> • Cosmetic and Reconstructive Services of the Head and Neck • Cosmetic and Reconstructive Services of the Trunk and Groin • Cosmetic and Reconstructive Services: Skin Related • Cryoablation for Plantar Fasciitis and Plantar Fibroma • Cryopreservation of Oocytes or Ovarian Tissue • Cryosurgical Ablation of Solid Tumors Outside the Liver • Deep Brain Stimulation • Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems • Electric Tumor Treatment Field (TTF) • Electroencephalography (EEG) Testing: Ambulatory and Video • Electromagnetic Navigational Bronchoscopy • Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons • Endobronchial Valve Devices • Endothelial Keratoplasty • Endovascular/Endoluminal Repair of Aortic Aneurysms • Epiduroscopy • Extracorporeal Shock Wave Therapy for Orthopedic Conditions • Facet Joint Allograft Implants for Facet Disease • Fetal Surgery for Prenatally Diagnosed Malformations • Functional Endoscopic Sinus Surgery (FESS) • Gastric Electrical Stimulation • Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting • Hepatic Activation Therapy • High Intensity Focused Ultrasound (HIFU) for the Treatment of Prostate Cancer • High Resolution Anoscopy Screening • Hip Resurfacing • Hippotherapy • Hyperbaric Oxygen Therapy (Systemic/Topical) • Hyperoxemic Reperfusion Therapy • Hyperthermia for Cancer Therapy • Idiopathic Environmental Illness (IEI) • Injection Treatment for Morton's Neuroma • Imaging Techniques for Screening and Identification of Cervical Cancer • In Vivo Analysis of Gastrointestinal Lesions • Inhaled Nitric Oxide for the Treatment of Respiratory Failure • Intervertebral Stabilization Devices • Intracardiac Ischemia Monitoring • Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET]) • Intraocular Anterior Segment Aqueous Drainage Devices • Intraocular Epiretinal Brachytherapy • Intraocular Telescope

Services Requiring Prior Authorization	
Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<ul style="list-style-type: none"> • Intravitreal Corticosteroid Implants • Keratoprosthesis • Laparoscopic and Percutaneous MRI-Image Guided Techniques for Myolysis as a Treatment of Uterine Fibroids • Low-Frequency Ultrasound Therapy for Wound Management • Lung Volume Reduction Surgery • Lysis of Epidural Adhesions • Mandibular/Maxillary (Orthognathic) Surgery • Manipulation Under Anesthesia of the Spine and Joints other than the Knee • Mastectomy for Gynecomastia • Maze Procedure • Mechanical Embolectomy for Treatment of Acute Stroke • Mechanized Spinal Distraction Therapy for Low Back Pain • Melanoma Vaccines • Microvolt T-Wave Alternans • MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids • Nasal Surgery for the Treatment of Obstructive Sleep Apnea • Nasal Valve Suspension • Nerve Graft after Prostatectomy • Neural Therapy • Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting • Occipital Nerve Stimulation • Open Treatment of Rib Fracture(s) Requiring Internal Fixation • Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea • Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome • Panniculectomy and Abdominoplasty • Partial Left Ventriculectomy • Pain Management Injections and Procedures • Penile Prosthesis Implantation • Percutaneous and Endoscopic Spinal Surgery • Percutaneous Neurolysis for Chronic Back Pain • Percutaneous (Vertebroplasty, Kyphoplasty and Sacroplasty) • Photocoagulation of Macular Drusen • Presbyopia and Astigmatism-Correcting Intraocular Lenses • Prolotherapy for Joint and Ligamentous Conditions • Prostate Saturation Biopsy • Quantitative Muscle Testing Devices • Quantitative Sensory Testing • Radiofrequency Ablation • Real-Time Remote Heart Monitors • Recombinant Human Bone Morphogenetic Protein • Reduction Mammoplasty • Refractive Surgery • Rhinophototherapy

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Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<ul style="list-style-type: none"> • Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury • Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention • Sensory Stimulation for Brain-Injured Patients in Coma or Vegetative State • Selected Sleep Testing Services • Septoplasty • Sleep Studies • Stereotactic Radiofrequency Pallidotomy • Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT) • Subtalar Arthroereisis • Suprachoroidal Injection of a Pharmacologic Agent • Surgery for Clinically Severe Obesity • Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions • Surgical Treatment of Femoroacetabular Impingement Syndrome • Surgical and Ablative Treatments for Chronic Headaches • Technologies for the Evaluation of Skin Lesions • Procedures Related to Temporomandibular Disorders • Tonsillectomy and Adenoidectomy • Total Ankle Replacement • Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions • Transanal Radiofrequency Treatment of Fecal Incontinence • Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation • Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention • Transcatheter Heart Valves • Transcatheter Uterine Artery Embolization • Transcranial Magnetic Stimulation for Behavioral and Non-Behavioral Health Indications • Transendoscopic Therapy for Gastroesophageal Reflux Disease • Transmyocardial Revascularization • Treatment of Hyperhidrosis • Treatment of Osteochondral Defects of the Knee and Ankle • Treatment of Varicose Veins (Lower Extremities) • Treatments for Urinary Incontinence and Urinary Retention • Unicondylar Interpositional Spacer • Vagus Nerve Stimulation • Venous Angioplasty with or without Stent Placement for the Treatment of Multiple Sclerosis • Vertebral Body Stapling for the Treatment of Scoliosis • Viscocanalostomy and Canaloplasty • Wearable Cardioverter Defibrillators

Services Requiring Prior Authorization	
Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<ul style="list-style-type: none"> • Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders ❖ Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered. <p>For questions regarding PA needs, please contact the Anthem Blue Cross Utilization Management department at the following number for Medi-Cal Managed Care: 1-888-831-2246</p>
Transplant Services	Yes, except for cornea. Members less than 21 years of age need to be referred to the local California Children's Services (CCS) office.
Vision Services	For vision services, contact the Vision Service Plan (VSP) at 1-800-877-7195 for vision benefits.

Note: The services listed below DO NOT require (PA) for in-network providers:

- Chiropractic Services – Benefit is limited to Sacramento and San Diego county members only. This is considered a carve-out benefit for all other counties
- Dialysis
- Emergency Services – Notify Anthem Blue Cross of admissions within 24 hours or the next business day of inpatient admission
- Formulary glucometers and nebulizers
- Family Planning/Well Woman Check Up – Member may self-refer to any Medicaid provider for the following services:
 - Pelvic and breast examinations
 - Lab work
 - Birth Control
 - Genetic counseling
 - FDA-approved devices and supplies related to family planning (such as IUD)
 - HIV/STD screening
- Obstetrical Care - No authorization required for in-network physician visits, and routine testing. Pregnancy and newborn deliveries require notification. Please use the **Notification of Pregnancy** form and the **Newborn Enrollment Notification Report**, as appropriate.
- No PA required for physician referrals if referring member to an in-network specialist for consultation or a nonsurgical course of treatment
- Standard x-rays and ultrasounds
- In-network physical therapy and occupational therapy