

January 2017

This is an update about information in the provider manual. For access to the latest manual, go online to www.anthem.com/inmedicaiddoc.

Update to prior authorizations

We would like to inform you of a correction to a provider communication that was distributed in December 2016 entitled *Services Requiring Prior Authorization*. This communication stated that presumptive drug testing would require prior authorization. This has been revised. **Presumptive drug testing will not require prior authorization at this time.** We apologize for any inconvenience it may have caused and appreciate your patience.

This correction does not impact the requirement of prior authorization for definitive or quantitative drug testing. Definitive or quantitative drug testing *will* require prior authorization, effective January 23, 2017, as previously communicated.

To assist with this process, we have made available a prior authorization tool, *Prior Authorization — Definitive (Quantitative/Confirmatory) Drug Testing*, which is attached here and will be available on the Anthem Blue Cross and Blue Shield provider website. Use of this tool is optional. The tool contains the information required to review a request for definitive drug testing. If providers choose not to use this tool, it may serve as a guide for the information that must be submitted, in some form, to appropriately review the request.

If you have any questions, contact your network representative or Provider Services at the numbers below.

Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-800-345-4344**
- Hoosier Care Connect: **1-844-284-1798**

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Prior Authorization — Definitive (Quantitative/Confirmatory) Drug Testing

Member's name: _____

Diagnosis: _____

Member is currently in: Pain management Addiction treatment

Other (explain): _____

Member is currently prescribed the following controlled substances (with dose and frequency prescribed):

Presumptive (qualitative) drug testing (screening) completed on: _____ (date)

Reason for presumptive drug testing completed on above date:

Presumptive testing was positive for (Check all that apply.):

<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Benzodiazepines
<input type="checkbox"/> Marijuana (THC)	<input type="checkbox"/> Tricyclic antidepressant	<input type="checkbox"/> Phencyclidine (PCP)	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> Opiates	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Methadone	<input type="checkbox"/> Morphine
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Ecstasy		

Was there a positive result for any of the substances checked above, and it was an unexpected result?

Yes No

Was there a negative result for any of the substances checked above, and it was an unexpected result?

Yes No

Has the unexpected result been discussed with the member/patient?

Yes No If no, explain: _____

Definitive/quantitative/confirmatory testing is requested for: _____

How will the result of definitive/quantitative/confirmatory testing be used to guide clinical care?

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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