

December 2016

Services requiring prior authorization

The table below outlines the services that require prior authorization (PA) for Anthem Blue Cross and Blue Shield (Anthem) members enrolled in the Hoosier Healthwise, Healthy Indiana Plan or Hoosier Care Connect programs.

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

Requesting PA

To request PA, report a medical admission or ask questions regarding PA, contact the Utilization Management department:

- **Hoosier Healthwise and Hoosier Care Connect**
 - **Phone: 1-866-408-7187**
 - **Fax: 1-866-406-2803**
- **Healthy Indiana Plan**
 - **Phone: 1-866-398-1922**
 - **Fax: 1-866-406-2803**

Referral to an out-of-network provider and/or facility requires PA for **all** services that are not considered self-referral services. (See the last page of this list for more information on self-referral services.)

Surgeries or procedures that are for cosmetic purposes or considered investigational are not covered.

Service/request	PA required for in-network providers?
Air ambulance	Yes, for nonemergent transport
Biofeedback	Yes
Dental services	For routine dental care, contact DentaQuest at 1-855-453-5286 . Inpatient facilities and anesthesia services require PA from Anthem. For assistance with dental inquiries, contact our 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.

Drug testing	Yes, for the following: <ul style="list-style-type: none">• Definitive or quantitative drug testing• Presumptive drug testing using instrumented chemistry analyzers
Durable medical equipment (DME) and disposable supplies:	Yes, rental of DME and purchase of custom equipment and some noncustom equipment will require PA. Providers are required to get PA for the following: <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• Commode chairs and seat lift mechanisms for commodes• Continuous local delivery of analgesia to operative sites using an elastomeric infusion pump during the postoperative period• Continuous passive motion devices• Cranial orthotics (such as remodeling bands and helmets)• Custom DME• Custom-made knee braces• Custom-molded orthotics• Electrical bone growth stimulation• Electrical stimulation as a treatment for pain and related conditions: surface and percutaneous devices• Electrical stimulation/electromagnetic wound therapy devices• Enteral/parenteral formulas• Equipment related to treatment of sleep disorders, including but not limited to positive airway pressure devices and related supplies• External (portable) continuous insulin infusion pump• Functional electrical stimulation (FES); threshold electrical stimulation (TES)• Home ventilators• Hospital beds• Humidifiers• Implantable cardioverter-defibrillator (ICD)• Implantable infusion pumps

	<ul style="list-style-type: none"> • Implantable left atrial hemodynamic (LAH) monitor • Implantable middle ear hearing aids • Implanted devices for spinal stenosis • Implanted spinal cord stimulators (SCS) • Knee, wrist, shoulder braces/orthoses (prefabricated and custom) • Lifts • Microprocessor controlled lower limb prosthesis • Myoelectric upper extremity prosthetic devices • Orthopedic footwear • 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 • Pneumatic compression devices for home use • Power-assisted ankle/ankle-foot systems • Certain prosthetic and orthotic devices • Repair of oxygen equipment • 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 • Wheelchairs and wheelchair accessories • 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 Utilization Management department at the numbers listed above.</p>
Electroconvulsive therapy	Yes.
Fetal MRI	Yes.
Gene testing	Yes.
Home health care services	Yes.

Hospice care — all settings	Yes.
Injection therapy and specialty medication, not covered under pharmacy	Yes, some injections, infusions and specialty medications require PA.
Inpatient hospital services	<p>Providers are required to obtain PA for the following:</p> <ul style="list-style-type: none"> • All elective inpatient admissions including but not limited to: <ul style="list-style-type: none"> ○ Newborn stays beyond mother’s stay ○ Inpatient skilled nursing facility (SNF) ○ Long-term acute care facility (LTAC) ○ Rehabilitation facility admissions • Emergent admissions within 24 hours or the next business day following inpatient admission • Both routine vaginal or cesarean deliveries (do not require medical necessity review; however, both delivery types require notification) • All newborn deliveries — complete and send <i>Newborn Enrollment Notification</i> report within three days of delivery
Laboratory services	Providers are to utilize an in-network laboratory for all laboratory needs. Out-of-network lab services require PA. Any tests that are potentially investigational require PA.
Mental health	Contact the Anthem Utilization Management department at the phone numbers above for referrals and authorizations.
Mental health partial hospitalization	Yes.
Pharmacy and/or over-the-counter (OTC) products	<p>To request a pharmacy PA, contact Provider Services:</p> <p>Hoosier Healthwise: 1-866-408-6132</p> <p>Healthy Indiana Plan: 1-800-345-4344</p> <p>Hoosier Care Connect: 1-844-284-1798</p> <p>Or fax your request to 1-855-875-3627.</p>
Physician services — referrals to specialists	Required when referring the member to an out-of-network specialist for services that are not considered self-referral services. For more information on self-referral services, consult the Anthem provider manual.
Procedures/services billed with unlisted codes	Yes.
Radiology services	PA is required for all positron emission tomography/single photon emission computed tomography (PET/SPECT) scans, computed tomography (CT), computed tomography angiography (CTA),

	<p>magnetic resonance imaging (MRI) and magnetic resonance angiogram (MRA). PA is also required for the following:</p> <ul style="list-style-type: none"> • Echocardiography • Magnetic resonance (MR) spectroscopy • Quantitative computer tomography (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 and morph • CTA heart for structure and morph • Magnetoencephalography (MEG) • Add-on procedures • All radiology services that are potentially investigational including but not limited to certain brachytherapy and radiation therapy <p>For information or to request a PA for radiology services for the Healthy Indiana Plan, contact the Radiology Utilization program at 1-888-730-2817.</p>
<p>Inpatient and outpatient surgeries/procedures</p>	<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 that require PA 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

	<p>prostate cancer</p> <ul style="list-style-type: none">• Automated evacuation of meibomian gland automated nerve conduction testing• Axial lumbar interbody fusion• Balloon sinus ostial dilation• Behavioral health treatments for pervasive developmental disorders• Bicompartamental 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• Cervical fusions• 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• 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
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	<ul style="list-style-type: none">• 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 arthroplasty• Hip resurfacing• Hippotherapy• Hyperbaric oxygen therapy (systemic/topical)• Hyperoxemic reperfusion therapy• Hyperthermia for cancer therapy• Hysterectomy, nonemergent• 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
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	<ul style="list-style-type: none">• Inhaled nitric oxide for the treatment of respiratory failure• Intervertebral stabilization devices• Intracardiac ischemia monitoring• Intraocular anterior segment aqueous drainage devices• Intradiscal annuloplasty procedures (percutaneous intradiscal electrothermal therapy [IDET])• Intraocular epiretinal brachytherapy• Intraocular telescope• Intravitreal corticosteroid implants• Knee arthroplasty• Knee arthroscopy• Knee and spinal orthoses• Keratoprosthesis• Locally ablative techniques for treating primary and metastatic liver malignancies• Laparoscopic and percutaneous MRI image guided techniques for myolysis as a treatment of uterine fibroids• Locally ablative techniques for treating primary and metastatic liver malignancies• 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 caccines• 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• Noninvasive measurement of left ventricular end diastolic
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	<p>pressure (LVEDP) in the outpatient setting</p> <ul style="list-style-type: none">• 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• 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• Scoliosis and spinal deformity services• Sensory stimulation for brain-injured patients in coma or vegetative state• Selected sleep testing services• Septoplasty• Sleep studies, including home sleep studies• Spine surgery
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- 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 procedures on the eye
- 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 nonbehavioral 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
- Vascular embolization or occlusion services

	<ul style="list-style-type: none"> • 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 • Wireless capsule for the evaluation of suspected gastric and intestinal motility disorders <p>Surgeries/procedures that are potentially for cosmetic purposes or potentially investigational require PA. Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.</p> <p>For questions regarding PA needs, contact the Anthem Utilization Management department at the numbers listed above.</p>
Physical, occupational, speech and respiratory therapy	Yes, in other than inpatient setting.
Transplant services	Yes.
Vision services	For routine eye care, contact the Vision Service Plan (VSP) at 1-800-877-7195 for vision benefits. Providers will verify member's eligibility and services via the website prior to scheduling appointment. These are routine services — no clinical decisions made.

Please note, the services listed below *do not* require PA for in-network providers. Members may self-refer to an Indiana Health Coverage Program (IHCP) provider.

- Chiropractic services — there are benefit limitations depending on member's specific plan
- Dialysis
- Emergency services — notify Anthem of admissions within 24 hours or the next business day of an emergent inpatient admission
- Formulary glucometers and nebulizers
- Family planning/well-woman checkup — member may self-refer to any Medicaid provider for the following services:
 - Pelvic and breast examinations
 - Lab work for family planning
 - Birth control
 - Genetic counseling
 - FDA-approved devices and supplies related to family planning, such as an intrauterine device (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 is required for physician referrals if referring member to an in-network specialist for consultation, standard X-rays and ultrasounds.

In addition, members may self-refer for the services listed below without PA from Anthem. With the exception of outpatient behavioral health services, members may receive self-referral services from any IHCP-qualified provider of these services. Outpatient behavioral health services, other than those provided by a psychiatrist, must be provided by an in-network provider. Self-referral services include:

- Chiropractic services
- Diabetes self-management
- Emergency services
- Family planning
- Immunizations
- Outpatient behavioral health (in-network only if not provided by a psychiatrist)
- Psychiatric services
- Podiatric services
- Routine vision

This list will be updated as needed.