Quick Reference Card

- Precertification/notification requirements
- Important contact information

https://mediproviders.anthem.com/ky

AKYPEC-2126-19
Easy access to precertification/notification requirements and other important information

For more information about requirements, benefits and services, visit our provider self-service site to get the most recent full version of our provider manual. If you have questions about this Quick Reference Card (QRC) or recommendations to improve it, call your local Provider Relations representative. We want to hear from you and improve our service so you can focus on serving your patients.

Precertification/notification instructions and definitions

This is a list of covered services that require precertification or notification for Anthem Blue Cross and Blue Shield Medicaid members. Please review this list before providing services to your patients to help ensure coverage and proper payments. This is not an all-inclusive list, and the services listed are for example.

Request precertifications or provide notification through these contacts:

**Pharmacy**
- Call Anthem Blue Cross and Blue Shield Medicaid (Anthem) at **1-855-661-2028**.
- Send a fax to **1-844-879-2961** for Retail Pharmacy.
- Send a fax to **1-844-487-9289** for Medical Injectables.
- Submit electronic prior authorization through CoverMyMeds at [https://www.covermymeds.com](https://www.covermymeds.com).

**All other services**
- Call Anthem at **1-855-661-2028**.
- Send a fax to **1-800-964-3627**.

Be prepared to provide:
- Member or Medicaid ID.
- Member’s Social Security number if available.
- Member’s date of birth.
- Legible name of ordering provider.
- Legible name of person referred to provider.
- Number of visits/services.
- Date(s) of service.
- Diagnosis.
- CPT/HCPCS codes.
- Clinical information.

**Precertification:** The act of authorizing specific services or activities before they are rendered or occur.

**Notification:** Telephonic, fax or electronic communication received from a provider to inform us of your intent to render covered medical services to a member:
- Provide notification prior to rendering services outlined in this document.
- For emergency or urgent services, provide notification within 24 hours or the next business day when it results in a hospital admission.
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

For code-specific requirements for all services, visit [https://mediproviders.anthem.com/ky](https://mediproviders.anthem.com/ky), select the Precertification tab and select Precertification Lookup Tool.

Requirements listed are for network providers. Out-of-network providers are required to request precertification for services network providers do not have to request.
Behavioral (mental) health/substance abuse treatment

Members can self-refer to a network provider. Emergency behavioral health care services are covered 24 hours a day, 7 days a week:

- Precertification is **not** required for basic behavioral health services provided in PCP or medical offices.
- Precertification **is** required for:
  - Inpatient psychiatric treatment.
  - Inpatient substance abuse treatment for pregnant women.
  - Psychiatric residential treatment facility treatment (levels I and II).
  - Partial hospital treatment.
  - Electroconvulsive therapy.
  - Psychological and neuropsychological testing.
  - Some community mental health center services.

Dental services

Precertification **may be** required for dentists contracted with DentaQuest. Call **1-800-508-6787**.

Diagnostic testing

Precertification is **not** required for most routine diagnostic testing.

Precertification **is** required for:
- Magnetic resonance angiogram scans.
- MRIs.
- Computed axial tomography scans.
- Nuclear cardiology.
- Positron emission tomography scans.

For precertification, call **1-866-661-2028** or fax **1-844-285-1165**.

Durable medical equipment (DME)

Precertification is **not** required for the purchase of:
- Glucometers and nebulizers.
- Gradient pressure aid.
- Sphygmomanometers.
- Walkers.
- Crutches.

Precertification is required for:
- All DME rentals.
- Certain DME unless otherwise noted as **not** required.

For DME that requires precertification, you must request precertification accompanied by a **Certificate of Medical Necessity (CMN)** — to be made available on our future website — or by submitting a physician order and **Anthem Referral and Authorization Request** form. You must send a complete CMN with each claim for:
- Hospital beds.
- Support surfaces.
- Motorized wheelchairs.
- Manual wheelchairs.
- Continuous positive airway pressure.
- Lymphedema pumps.
- Osteogenesis stimulators.
- Transcutaneous electrical nerve stimulators.
- Seat lift mechanism.
- Power-operated vehicles.
- External infusion pump.
- Parenteral nutrition.
- Enteral nutrition pump.
- Oxygen.

We must agree on HCPCS and/or other codes for billing, and we require you to use appropriate modifiers (for example, NU for new equipment, RR for rental equipment).

Ear, nose and throat services (otolaryngology)

Precertification is not required for network providers for evaluation and management (E&M), testing and procedures.

Precertification **is** required for:
- Tonsillectomy and/or adenoidectomy.
- Nasal/sinus surgery.
- Cochlear implant surgery and services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Precertification is **not** required for EPSDT screenings.
- Special services under EPSDT **do** require precertification.
**Emergency room**
Precertification is not required.
We must be notified within 24 hours or the next business day if a member is admitted into the hospital through the emergency room. We will deny these claims if notification is not received.

**End-stage renal disease services**
Precertification is not required.

**Family planning/sexually transmitted infections care**
- Precertification is not required.
- Members can self-refer to any in- or out-of-network provider for these services.

**Gastroenterology services**
- Precertification is not required for network providers for E&M, testing and some procedures.
- Precertification is required for specific services like:
  - Upper endoscopy.
  - Ablation and bariatric surgery, including insertion, removal and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.

**Gynecology (also see obstetrical care)**
- Precertification is not required for network providers for E&M, testing and some procedures.
- Precertification is required for reconstruction, plasty and insertion for brachytherapy.

**Hospice care**
Inpatient and outpatient notification is required.

**Hospital admission**
- Precertification is required for elective or nonemergent admissions and some same-day/ambulatory services, including behavioral health admissions (which are subject to screening requirements specified).
- Notification is required for coverage of emergency and obstetric admissions within 24 hours or the next business day. We will deny these claims, however, if notification is not received.
  - To be covered, pre-admission testing must be performed by a network lab provider or network facility outpatient department. See our provider referral directory for a complete listing of participating providers.

**Intermediate Care Facilities for Individuals with Developmental Disabilities private facilities only**
Precertification is required.

**Laboratory services (outpatient)**
- Precertification is required for genetic testing.
- Precertification is required for all laboratory services furnished by non-network providers, except for hospital laboratory services in the event of an emergency medical condition.

**Medical injectables**
- IngenioRx processes our pharmacy claims through their network of pharmacies. They do not provide medications directly to the member or provider’s office. These products are administered to the member by a medical professional.
- Some medical injectables require prior authorization when covered under the medical benefit and administered in the physician’s office.

**Neurology**
- Precertification is not required for network providers for E&M, testing and certain other procedures.
- Precertification is required for neurosurgery, spine surgery, neurostimulators, laminectomy/laminotomy and artificial intervertebral disc surgery.

**Observation**
- Precertification or notification is not required for in-network observation.
- If observation results in admission, notification to Anthem is required within 24 hours or the next business day. We will deny these claims, however, if notification is not received.
Obstetrical care

- Members can self-refer to a network OB/GYN.
- We only require notification; precertification is not required for labor and delivery or OB services, including OB visits, diagnostic tests, laboratory services, prenatal or postpartum office visits, or ultrasounds when performed by a participating provider.
- Makena/17-P is covered for pregnant members. Authorization is required. Precertification is not required for compounded 17-P. You must notify Anthem:
  - At the first prenatal visit and within 24 hours of delivery with newborn information. Please include baby's mode of delivery, gender, weight in grams, gestational age in weeks and disposition at birth.
  - Of the mother's pediatrician selection for continuity of care.

Pain management/physiatry/physical medicine and rehabilitation

Pain management/physiatry/physical medicine and rehabilitation

Precertification is required for all non-E&M-level testing and procedures.

Pharmacy

- IngenioRx is the pharmacy benefit manager.
- ePA through CoverMyMeds is available.
- Preferred Drug List is available.

See the medical injectables section of this QRC.

Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- Precertification is not required for oral maxillofacial E&M services from network providers.
- Precertification is required for all other services.

Podiatry services

Precertification is not required.

Preventive health services

Precertification is not required.

Radiation therapy

Precertification is required for intensity-modulated radiation therapy.

Radiology

See the diagnostic testing section of this QRC.

Rehabilitation therapy (short-term): occupational, physical, respiratory and speech therapy

- Precertification is not required for evaluations or initial visit.
- Precertification is required for treatments and inpatient rehabilitation.

Sleep studies

Precertification is required.

Ophthalmology

- Precertification is not required for network providers for E&M, testing and most procedures.
- Precertification is required for repair of eyelid defects and repair and implantation.

Oral maxillofacial

See the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Orthopedics

- Precertification is not required for network providers for E&M, testing and most other procedures.
- Precertification is required for reconstruction, arthroplasty, arthrodesis and arthroscopy.

Out-of-area/out-of-network care

Precertification is required, except for emergency care, EPSDT screening, family planning and OB care.

Outpatient/ambulatory surgery

Precertification requirement is based on the service performed.
Sterilization
- Precertification or notification is not required for sterilization procedures, including tubal ligation and vasectomy.
- The current Kentucky State Sterilization Consent form is required for claims submission.

Services to help your Anthem Blue Cross and Blue Shield Medicaid patients

Member Services
1-855-690-7784

Care on Call
1-866-864-2544
(Spanish: 1-866-864-2545)

Behavioral Health Crisis Hotline:
1-855-661-2025 (TTY 711)

Members can call our 24-hour Care on Call for health advice 7 days a week, 365 days a year.

Care Management Services
1-855-661-2028 (for providers)
1-855-690-7784 (for members)

We offer case and care management services to members who are likely to have extensive health care needs. Our nurse care managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, etc.

Disease Management Centralized Care Unit (DMCCU) Services
1-888-830-4300 (for providers)

DMCCU services include educational information like local community support agencies and events in the health plan’s service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder, substance use disorder (SUD) and schizophrenia. Our member-centric, holistic approach also allows us to manage members with multiple conditions like SUDs, cerebrovascular disease, fibromyalgia and musculoskeletal complications.

Transplantation
Precertification is required for all services.

Transportation
Precertification is required for all nonemergent participating provider services.

Urgent care center
Precertification or notification is not required for in-network facilities.

Vision services
Precertification may be required for vision providers contracted with eyeQuest. 1-888-696-9551

Well-woman exam
- Members can self-refer for these exams.
- Precertification is not required.
Important contact information

Our service partners

eyeQuest
1-888-696-9551
CoverMyMeds (pharmacy services/ePA)
1-866-452-5017
DentaQuest (dental services)
1-800-508-6787

Provider Experience program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services and more. Call 1-855-661-2028 Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

Provider website and claims status available 24/7/365

To verify eligibility, check claims status and look up precertification/notification requirements, visit https://mediproviders.anthem.com/ky.

Can’t access the internet?

Call Provider Services and simply say your NPI when prompted by the recorded voice. The recording guides you through our menu of options — just select the information or materials you need when you hear it.

Claims services

Timely filing is within 180 calendar days of the date of discharge for inpatient services and date of service for outpatient services, unless otherwise specified in your provider contract.

Mail completed claim paper forms to:
Anthem Blue Cross and Blue Shield Medicaid
Kentucky Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

Electronic data interchange (EDI)

Call our EDI Support Line at 1-800-590-5745 to get started. We allow the use of all clearinghouses when the following claim payer IDs are used:
- Professional ID 00660
- Institutional ID 00160

Provider payment disputes

Claim payment disputes must be filed within 90 days of the adjudication date on your explanations of payment.

Mail to:
Anthem Blue Cross and Blue Shield Medicaid
Central Claims Processing
P.O. Box 62429
Virginia Beach, VA 23466-2429

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