



## **Anthem Blue Cross and Blue Shield Central Region 2013 Blue Products Pre-Certification List for Indiana, Kentucky, Missouri, Ohio and Wisconsin**

### **OH/IN/KY Blue Products:**

Blue Priority<sup>SM</sup> (HMO), Blue Priority Plus (POS), <sup>1</sup> Blue Preferred® (HMO), Blue Preferred Primary (HMO), Blue Preferred Primary (EPO Ohio), Blue Preferred Plus (PPO), Blue Preferred Primary Plus (POS), Blue Access® (PPO), Blue Access HSA (PPO), Blue Access Hospital-Surgical (PPO), & Blue Access HCR<sup>2</sup>

### **MO Blue Products:**

Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Access (PPO), Blue Access HSA (PPO), Blue Access (PPO), Blue Access Choice (PPO), Blue Access Choice HSA (PPO), Blue Access Hospital-Surgical (PPO), Blue Access Choice Hospital-Surgical (PPO)

### **WI Blue Products:**

Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Access (PPO), Blue Access Hospital-Surgical (PPO), & Blue Priority Plus (POS)

Precertification is the determination that selected inpatient and outpatient medical services, including surgeries, major diagnostic procedures and referrals meet criteria for medical necessity under the member's benefits contract. For the member to receive maximum benefits, Anthem must authorize these covered services prior to being rendered. Precertification helps avoid unnecessary charges or penalties by ensuring that the member's care is administered at a network facility and by a network provider.

- Precertification includes a review of both the service and the setting.
- Care will be covered according to the members benefits for the number of days precertified unless our concurrent review determines that additional days qualify for coverage.
- Certain services may require the member to use a provider designated by Anthem's Utilization Management staff.
- A copy of the approval will be provided to you, the physician and the hospital or facility.
- For benefits to be paid, the member must be eligible for benefits, the service must be eligible for benefits and the service must be a covered benefit under the contract at the time the services are rendered.

### **Precertification Responsibility**

Network physicians are required to obtain precertification for patients with HMO, POS, PPO, and EPO coverage. If a member visits an out-of-network physician, precertification is their responsibility. Regardless of whether a member visits a doctor in the network, or out-of-network, it is always a good idea to check with their physician if the services have been precertified.

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<sup>1</sup> Ohio only

<sup>2</sup> Kentucky only

The Precertification number is listed on the back of the member's Anthem ID card.

Services listed are effective and current January 1, 2013 unless specified. For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit under the policy. This list is subject to change.

### **Inpatient Admission:**

- Elective Admissions
- Emergency Admissions (Anthem requires plan notification within 24 hours)
- OB Related Medical Stay (OB complications, Excludes childbirth)
- Newborn Stays beyond Mother
- Inpatient Skilled Nursing Facility (SNF)
- Long Term Acute Care Facility (LTAC)
- Rehabilitation facility admissions

### **Outpatient Services:**

[Note: for all services listed below, please go to [www.Anthem.com](http://www.Anthem.com) ; provider home page to Medical Policies and Clinical Guidelines]

Surgery:

- Ablative Techniques as a Treatment for Barrett's Esophagus
- Artificial Intervertebral Discs
- Artificial Intervertebral Discs
- Balloon Sinuplasty
- Bariatric Surgery
- Bone-Anchored Hearing Aids
- Canaloplasty
- Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
- Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain Stimulation
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Endoscopic sinus surgery
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Gastric Electrical Stimulation
- Gender Reassignment Surgery (only requires precertification if procedure is a benefit in the member certificate)
- Implantable Cardioverter-Defibrillator (ICD)

- Implantable Infusion Pumps
- Implantable Middle Ear Hearing Aids
- Implanted Devices for Spinal Stenosis
- Implanted Devices for Spinal Stenosis
- Implanted spinal cord stimulators
- Intraocular Anterior Segment Aqueous Drainage Devices
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
- Lumbar spinal fusion, decompression, exploration or excision of disc(s) surgeries
- Lung Volume Reduction Surgery
- Lysis of Epidural Adhesions
- Mandibular/Maxillary (Orthognathic) Surgery
- Mastectomy for Gynecomastia
- MAZE Procedure
- Nasal surgery for the treatment of obstructive sleep apnea (includes: excision of polyp(s), turbinate(s), ablation of turbinate(s), septoplasty, repair of vestibular stenosis)
- Occipital nerve stimulation
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Panniculectomy and Abdominoplasty
- Partial Left Ventriculectomy
- Penile Prosthesis Implantation (only requires precertification if procedure is a benefit in the member certificate)
- Percutaneous Neurolysis for Chronic Back Pain
- Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty and Sacroplasty)
- Photocoagulation of Macular Drusen
- Plastic/Reconstructive surgeries: (only specific procedures listed)
  - Blepharoplasty
  - Breast procedures including reconstructive surgery and implants.
  - Chin Implant, Mentoplasty, Osteoplasty Mandible
  - Cosmetic and Reconstructive Services of the Head and Neck
  - Cosmetic and Reconstructive Services of the Trunk and Groin
  - Cosmetic and Reconstructive Services Skin Related
  - Hairplasty
  - Insertion/Injection of Prosthetic Material Collagen Implants
  - Panniculectomy and Abdominoplasty
  - Panniculectomy, Lipectomy, Diatasis Recti Repair
  - Rhinoplasty
- Presbyopia and Astigmatism
- Radiofrequency Ablation to Treat Tumors Outside the Liver
- Reduction Mammoplasty
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury-
- Septoplasty
- Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent

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- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
- Surgical treatment for migraine headaches
- Temporomandibular Disorders
- Temporomandibular Disorders.
- Tonsillectomy – for patients under the age of 18 years
- Total Ankle Replacement
- Transcatheter Closure of Cardiac Defects
- Transcatheter Uterine Artery Embolization
- Treatment of Hyperhidrosis
- Treatment of Osteochondral Defects of the Knee and Ankle
- Treatment of Varicose Veins (Lower Extremities)
- UPPP surgery (uvulopalatopharyngoplasty,uvulopharyngoplasty)
- Vagus Nerve Stimulation

Medicine:

- Ambulance Services-Air and Water
- Cryopreservation of Oocytes or Ovarian Tissue
- Diagnosis of Sleep Disorders
- Genetic testing for cancer susceptibility
- Hyperbaric oxygen Therapy (System/Topical)
- Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
- Private Duty Nursing services in the home setting
- Real-Time Remote Heart Monitors
- Treatment for Obstructive Sleep Apnea in Adults
- Wearable Cardioverter Defibrillators

DME/Prosthetics: recommendation is to verify benefits for all DME, and medical necessity on the list below.

- \* Wheelchairs; motorized or powered, ultra lightweight wheelchairs, power seating systems and accessories
- \* Hospital Beds, Rocking Beds
- \* Prosthetics: Electronic, Myoelectric, Microprocessor Controlled or externally powered and select other prosthetics
- \* External continuous insulin infusion pump
- \* Oscillatory devices for airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation
- \* Cochlear implants and auditory brainstem implants
- \* Electrical Bone Growth Stimulation
- \* Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- \* Transtympanic Micropressure for the Treatment of Ménière's Disease
- \* Ultrasound Bone Growth Stimulation
- \* Standing Frames
- \* Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)

See [www.anthem.com](http://www.anthem.com) > Answers at Anthem > Precertification > Imaging and Echocardiography Precertification CPT Codes

- Radiology services:
  - Nuclear Cardiac
  - CT Scan (includes CTA)
  - MRI,
  - MRA
  - MRS
  - PET Scan
  - Echocardiography Services

See [www.anthem.com](http://www.anthem.com) > Answers at Anthem > Precertification > Radiation Therapy Precertification CPT Codes

- Radiation Therapy Services:
  - Brachytherapy
  - Intensity Modulated Radiation Therapy (IMRT)
  - Proton Beam Radiation Therapy (PBRT)
  - Stereotactic Radiosurgery (SRS) / Stereotactic Body Radiotherapy (SBRT)

See [www.anthem.com](http://www.anthem.com) > Answers at Anthem > Precertification > Sleep Management Precertification CPT Codes

- Sleep Therapy Services

### **Transplant Precertification**

Depending on the member's coverage, transplant services may be covered at a reduced benefit, or may not be covered at all, if:

- You fail to obtain precertification or
- You use a provider other than the one designated by Anthem.

Additional penalties may apply.

### **Human Organ and Bone Marrow/Stem Cell Transplants**

All Inpatient admits for the following:

- Heart transplant
- Liver transplant
- Lung or double lung transplant
- Simultaneous Pancreas./Kidney
- Pancreas transplant
- Kidney transplant
- Small bowel transplant

- Multi-visceral transplant
  - Stem cell/Bone Marrow transplant (with or without myeloablative therapy)
- All Outpatient services for the following:
- Stem Cell/Bone Marrow transplant (with or without myeloablative therapy)
  - Donor Leukocyte Infusion

**Referrals:**

Out of Network Referrals (may be pre-authorized, based on network availability and or medical necessity.)

**Specialty pharmacy medications:**

- See: [www.Anthem.com](http://www.Anthem.com); Answers at Anthem; Specialty Pharmacy Precertification Drugs and Codes for list of specialty pharmacy medications

**Mental health/Substance Abuse (MHSA):**

Professionals are available 24 hours a day 7 days a week.

Specially trained professionals will handle referrals and coordinate care for mental health and substance abuse:

- OH, IN, KY products
  - All facility based care-
    - Inpatient admissions,
    - Intensive outpatient therapy,
    - Partial Hospitalization,
    - Residential Care, and
    - Electric Convulsive Therapy (ECT)
    - Transcranial Magnetic Stimulation. (effective 1/4/2013)
- WI products;
  - Inpatient admissions require authorizations
  - Transcranial Magnetic Stimulation (effective 1/4/2013)
- MO products
  - All facility based care-
    - Inpatient admissions,
    - Intensive outpatient therapy,
    - Partial Hospitalization,
    - Residential Care, and
    - Electric Convulsive Therapy (ECT).
    - Transcranial Magnetic Stimulation (effective 1/4/2013)

## **No Precertification for Emergencies**

Precertification is not required for emergency admissions. However, to ensure that members receive the maximum coverage possible, Anthem must be notified about the admission within 24 hours or as soon as reasonably possible. Failure to notify Anthem may result in denial of claims for services that we determine are not medically necessary under the benefits contract. Services listed above are effective and current as of January 1, 2013. For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit under the policy. This list is subject to change.

## **\*Services not requiring pre-certification for coverage, but recommended for pre-determination of medical necessity due to the existence of post service claim edits and/or the potential cost of services to the member if denied by Anthem for lack of medical necessity:**

- Procedures, equipment, and/or specialty infusion drugs which have medically necessary criteria determined by Corporate Medical Policy or Clinical Guidelines.

*\*A complete list of Medical Policies and Clinical Guidelines is available by visiting [www.Anthem.com](http://www.Anthem.com) and using the Provider tab for accessing information. You may also call the Customer Service number on the member ID card to see if the specific requested code is subject to medical policy or clinical guideline criteria.*