OH, IN, KY, MO:
Lumenos® Health Savings Account, Lumenos Health Reimbursement Account, Lumenos Health Incentive Account

WI:
Lumenos Health Savings Account, Lumenos Health Savings Account Plus, Lumenos Health Reimbursement Account, Lumenos Health Reimbursement Account Plus, Lumenos Health Incentive Account, Lumenos Health Incentive Account Plus, Well Priority

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

Outpatient Services

Medical Policies and Clinical Guidelines are available by visiting our public provider website. For all services listed below go to www.anthem.com, select Menu and then under the Support heading, select Providers. Choose your state from the drop down list and enter to the Provider Home page, select Anthem Medical Policies and Clinical UM Guidelines under self-service and support.

Surgery:
- Ablative Techniques as a Treatment for Barrett's Esophagus
- Acromioplasty and Rotator Cuff Surgery (IN only) effective 10/1/17
- Artificial Intervertebral Discs
- Arthroscopy – Knee*
  * MO effective 4/4/16 Individual products (9/1/16 Addition Large and Small Group), KY effective 4/4/16 Individual products, OH effective 4/11/16 On-Exchange Individual products, IN – all products Effective 5/15/17, WI date to be determined.

*Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrite or administer PPO and indemnity policies and underwrite the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compicare) or Wisconsin Collaborative Insurance Company (WCI). Compicare underwrites or administers HMO or POS policies; WCI underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association."
• Balloon Sinuplasty
• Bariatric Surgery
• Bone-Anchored Hearing Aids
• Canaloaplasty
• 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
• Cervical Spine Fusion*

* MO effective 4/4/16 Individual products (9/1/16 Addition of Small and Large Group), OH effective 4/11/16 Individual on-exchange products, IN effective 5/2/16 all products. *KY effective 4/4/16 Individual products, WI – date to be determined.
• 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
• Endoscopic sinus surgery
• Extracorporeal Shock Wave Therapy for Orthopedic Conditions
• Gastric Electrical Stimulation
• Gender Reassignment Surgery
• Hip Arthroscopy (IN only) effective 10/1/17
• Hip Replacement*

*KY-MO effective 4/4/16 Individual products (9/1/16 MO Addition of Small and Large Group), OH effective 4/11/16 On-Exchange Individual products, IN effective 2/8/16 all products. WI – date to be determined

Hip Resurfacing*

*KY-MO effective 4/4/16 Individual products, 9-1/16 MO addition of Large and Small Group, OH effective 4/11/16 on Exchange Individual products, IN effective 5/2/16 all products. WI – date to be determined

• Hysterectomy
• Implantable Cardioverter-Defibrillator (ICD)
• Implantable Infusion Pumps
• Implantable Middle Ear Hearing Aids
• Implanted Devices for Spinal Stenosis
• Implanted spinal cord stimulators
• Intraocular Anterior Segment Aqueous Drainage Devices
• Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
• Knee Replacement*

*KY-MO effective 4/4/16 Individual products (9/1/16 MO Addition of Small and Large Group), OH effective 4/11/16 Individual On-Exchange products, IN effective 2/8/16 all products. WI – date to be determined
• 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)

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- 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
- Recombinant Human Bone Morphogenetic Protein
- Reduction Mammaplasty
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Scoliosis and Spinal Deformity Surgery effective 5/2/16
- Septoplasty
- Shoulder Arthroplasty and Hemiarthroplasty (IN only) effective 10/1/17
- Extrasosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent
- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
- Surgical treatment for migraine headaches
- 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

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Medicine:
- Ambulance Services-Air and Water
- Ambulatory and Inpatient Video Electroencephalography (effective 7/1/17)
- AmniSure® ROM (Rupture of Membranes) Test Cryopreservation of Oocytes or Ovarian Tissue
- Diagnosis of Sleep Disorders
- Genetic Testing for Inherited Peripheral Neuropathies
- Genetic testing for PTEN Hamartoma Tumor Syndrome
- 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
- Myocardial sympathetic innervations imaging with or without SPECT
- Non-emergent Ground Ambulance
- Private Duty Nursing services in the home setting
- Real-Time Remote Heart Monitors
- Therapeutic Apheresis
- Thyroid Fine Needle Aspirate Molecular Markers
- Treatment for Obstructive Sleep Apnea in Adults
- Wearable Cardioverter Defibrillators

Rehabilitation
- Physical Therapy*
- Occupational Therapy*

*Products in scope: Locally Fully Insured Large Group, Small Group, and Individual products for both public and private exchange business including: HMO, PPO, Traditional, and ASO (as a buy up option)

DME/Prosthetics:
- Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
- Automated Insulin Delivery Devices (effective 5/1/17)
- Cochlear implants and auditory brainstem implants
- Cooling Devices and Combined Cooling/Heating Devices)
- Electrical Bone Growth Stimulation
- External continuous insulin infusion pump
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Oscillatory devices for airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation
- Prosthetics: Electronic, Myoelectric, Microprocessor Controlled or externally powered
- Standing Frames
- Transstympanic Micropressure for the Treatment of Ménière’s Disease
- Ultrasound Bone Growth Stimulation
- Wheelchairs; motorized or powered, ultra lightweight wheelchairs, power seating systems

Services Medically Managed by AIM Specialty Health®

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Note: The health plan uses diagnostic imaging management guidelines developed by AIM Specialty Health, Inc. (AIM), a separate company. For certain health plan members, AIM also provides radiology utilization management services.
AIM's Diagnostic Imaging Clinical Guidelines are available at:
http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html

- Genetic Testing (effective 7/1/17)
- Diagnostic Imaging and Cardiology
- Specialty pharmacy
- Radiation therapy
- Sleep studies
- Sleep therapy/treatment

See www.anthem.com, select Menu and then under the Support heading, select Providers. Choose your state from the drop down list and enter to the Provider Home page, select Precertification under Self Service and Support and choose the Quick Reference Guide to AIM Specialty Health® for code list directions on the secure AIM portal.

**Human Organ and Bone Marrow/Stem Cell Transplants (Predetermination of Benefits is required)**
Inpatient admits for **ALL** solid organ and bone marrow/stem cell transplants (Included Kidney only transplants).

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

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

**Mental health/Substance Abuse (MHSA):**
- Professionals are available 24 hours a day 7 days a week.
  - All facility based care

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• Inpatient admissions
• Intensive outpatient program, (IOP)
• Partial Hospitalization program, (PHP)
• Residential Care
• Transcranial Magnetic Stimulation
• Intensive In-home Behavioral Health Services (effective 7/1/16)

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, 2017. 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 predetermination 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 at www.anthem.com, select Menu and then under the Support heading, select Providers. Choose your state from the drop down list and enter to the Provider Home page, select Anthem Medical Policies and Clinical UM Guidelines under self-service and support.

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.