Anthem Blue Cross and Blue Shield Central Region 2017 Blue Products
Pre-Certification List for Indiana, Kentucky, Missouri, Ohio and Wisconsin

OH/IN/KY Blue Products:
Blue PrioritySM (HMO), Blue Priority Plus (POS), 1 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 HCR2, Blue Access Options (PPO), Anthem (Bronze/Silver/Gold/Platinum)(OH/IN/KY)(Network)3, Anthem (Catastrophic/Core/Essential/Preferred) Direct Access

MO Blue Products:
Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Preferred Options (PPO), 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), Anthem (Bronze/Silver/Gold/Platinum)(MO)(Network)3, Anthem (Catastrophic/Core/Essential/Preferred) Direct Access

WI Blue Products:
Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Access (PPO), Blue Access Hospital-Surgical (PPO), & Blue Priority Plus (POS), Well Priority, Anthem (Bronze/Silver/Gold/Platinum) (WI) (Network)3, Anthem (Catastrophic/Core/Essential/Preferred) Direct Access

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 their health benefit plan.

1 Ohio only
2 Kentucky only
3 For a complete listing of plan names, see www.anthem.com > Provider Home > Health Exchange Information
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.

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

Services listed are effective and current January 1, 2017 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:

Medical Policies and Clinical Guidelines are available by visiting our 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
- Artificial Intervertebral Discs
- Arthroscopy – Knee *
  * MO effective 4/4/16 Individual products (9/1/16 Addition of Small and Large Group, OH effective 4/11/16 Individual on Exchange only, KY effective 4/4/16 Individual products, 5/15/17 KY Addition of Small and Large Group, IN – all products effective 5/15/17, WI – date to be determined
- Balloon Sinuplasty
- Bariatric Surgery
- Bone-Anchored Hearing Aids
- Canaloplasty

*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), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compare Health Services Insurance Corporation (Compari) or Wisconsin Collaborative Insurance Company (WCIC). Compare underwrites or administers HMO or POS policies; WCIC 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.*
- 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 Large and Small Group), OH effective 4/11/16 Individual on Exchange only, *KY effective 4/4/16 Individual products, IN – effective 5/2/16 all 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
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Endoscopic sinus surgery
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Gastric Electrical Stimulation
- Gender Reassignment Surgery
- Implantable Cardioverter-Defibrillator (ICD)
- Hip Replacement*
  *KY-MO effective 4/4/16 Individual products (9/1/16 Addition of Large and Small Group), OH on exchange effective 4/11/16 Individual products, IN – effective 2/8/16 all products, WI – date to be determined
- Hip Resurfacing
  *KY-MO effective 4/4/16 Individual products, MO addition of Large and Small Group 9/1/16, OH effective 4/11/16 Individual on Exchange only, IN – effective 5/2/16 all products, WI – date to be determined
- Hysterectomy
- 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 Addition of Large and Small Group), OH on exchange effective 4/11/16 Individual 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 poly p(s), turbinates(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

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- 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 Mammoplasty
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Scoliosis and Spinal Deformity Surgery effective 5/2/16
- Septoplasty
- Extraosseous 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

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

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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
Non-Emergent Ground Ambulance
Private Duty Nursing services in the home setting
Myocardial sympathetic innervations imaging with or without SPECT (effective 5/15/14)
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: recommendation is to verify benefits for all DME, and medical necessity on the list below.

* Automated Insulin Delivery Devices (effective 5/1/17)
* 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 Cooling Devices and Combined Cooling/Heating Devices

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Services Medically Managed by AIM Specialty Health®

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 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.

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:

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

Specialty pharmacy medications:

- See: www.Anthem.com > Provider Home Page >> Precertification> 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.
    - Intensive In-home Behavioral Health Services (effective 7/1/16)

- WI products;
  - Inpatient admissions require authorizations
  - Intensive outpatient therapy
  - Partial Hospitalization
  - Residential Care
  - Transcranial Magnetic Stimulation
  - Intensive In-home Behavioral Health Services (effective 7/1/16)

- MO products
  - All facility based care-
    - Inpatient admissions,
    - Intensive outpatient therapy,
    - Partial Hospitalization,
    - Residential Care, and
    - Electric Convulsive Therapy (ECT).
    - 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, 2016. 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.

Note: for a complete listing of Medical Policies and Clinical Guidelines go to [www.anthem.com](http://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.