Specialty Care Review
A Specialty Care Review is when a primary care physician (PCP) refers a patient (member) to receive outpatient services from another in-network provider (physician or facility). When Anthem receives a PCP referral to a specialist, a Specialty Care Review is performed to check member eligibility. A Specialty Care Review is valid for a number of visits and/or date span authorized by the PCP.

Anthem HealthKeepers (Open Access) and Anthem HealthKeepers Plus Products (Medicaid/FAMIS Plus and FAMIS) do not require a Specialty Care Review for the items listed below if provided by an in-network provider or facility. Further verification can be completed on-line via Point of Care or by calling Provider Services at the phone number found on the back of the member's health identification card.

Anthem Medicare Preferred PPO – the PCP does not have to contact Anthem for a Specialty Care Review to providers in this network. However, Anthem does require the PCP to document such referral(s) in the member's medical records.

Specialty Care Reviews are required in the following situations:

<table>
<thead>
<tr>
<th>Service/Procedure</th>
<th>HMO</th>
<th>PPO POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME purchases under $500</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ER visit directed in advance by the PCP for an in network provider</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Outpatient services performed in a facility</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Specialty Office Care (including chiropractic)¹</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Specialty Care Reviews are not required in the following situations:
- Annual screening for diabetic retinopathy
- Behavioral Health
- Dental
- Obstetrical or gynecological care rendered by an OB/GYN in their office for the care of or related to the reproductive organs or breasts.
- Oral Surgery
- Routine Vision

If rendered by an in-network outpatient hospital or freestanding radiology center:
- Stand alone X-rays, EKG, EEG, pulmonary function tests, EMG, barium enema, barium swallow, upper GI, KUB, IVP, venous duplex/Doppler studies, thyroid scans, bronchoscopy, colposcopy, mammograms, colonoscopy, endoscopy and bone density study (CPT-77080, 77082). If any of the services are rendered in a specialist office, the specialist must have a current Specialty Care Review from the PCP if required by the product.

Footnotes:¹ Manual medical intervention services, including spinal manipulation, for HMO members are managed by our chiropractic vendor, American Specialty Health (ASH -www.ashlink.com).