



Services Requiring Prior Authorization Effective January 1, 2012

The information contained in this document outlines the services that require prior authorization from Anthem Blue Cross for members enrolled in Path2Health and County Medical Services Program (CMSP). We will update this list as needed. We may abbreviate "prior authorization" as "PA" throughout this document.

Providers are responsible for verifying eligibility and benefits before providing services to Anthem Blue Cross members. Except for an emergency, failure to obtain prior authorization for the services listed below may result in a denial for reimbursement.

To access our medical policies and clinical Utilization Management guidelines, please visit:

- > anthem.com/ca
- > on the lower right under **OTHER ANTHEM WEBSITES**, choose **Providers**
- > under the heading **Learn More**, click the link **State Sponsored Plans**
- > in the blue box at left titled **Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements**, click **Enter**.

Please remember:

- referral to an out-of-network provider and/or facility requires prior authorization for **all** services.
- surgeries/procedures that are for cosmetic purposes or considered investigational are **not** a covered benefits.

Services Requiring Prior Authorization

Air Ambulance

PA is required for all non-emergent transports.

Dental

Inpatient facility and anesthesia services require PA from Anthem Blue Cross.

For assistance with all other dental inquiries, or DentaQuest provider services call **800-341-8478**.

To request prior authorization, report a medical admission, or ask questions regarding prior authorization for members participating in Path2Health or CMSP, contact Utilization Management at **877-273-4193**. Our UM fax number for Path2Health and CMSP services is **800-754-4708**.

Durable Medical Equipment and Disposable Supplies

Rental of durable medical equipment (DME) and purchase of custom equipment requires PA.

Providers are required to get prior authorization for the following:

- Altered Auditory Feedback (AAF) Devices for the Treatment of Stuttering
- Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
- Automated External Defibrillators for Home Use
- Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump during the Post-Operative Period
- Continuous Passive Motion Devices
- Electrical Bone Growth Stimulation
- Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
- External (Portable) Continuous Insulin Infusion Pump
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Implantable Infusion Pumps
- Implantable Middle Ear Hearing Aids
- Implanted Devices for Spinal Stenosis
- Implanted Spinal Cord Stimulators (SCS)
- Microprocessor Controlled Lower Limb Prosthesis
- Myoelectric Upper Extremity Prosthetic Devices
- Oscillatory Devices for Airway Clearance including High Frequency Chest Compression (Vest™ Airway Clearance System) and Intrapulmonary Percussive Ventilation (IPV)
- Patient-Operated Spinal Unloading Devices
- Stretching Devices for the Treatment of Joint Stiffness and Contracture
- TempTouch® Dermal Thermometer
- Transtympanic Micropressure for the Treatment of Ménière's Disease
- Ultrasound Bone Growth Stimulation
- Vacuum Assisted Wound Therapy in the Outpatient Setting
- Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight
- Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)

Gene Testing

Genetic testing requires PA.

Home Health Care Services

PA is required for home health care services. Please contact Anthem Blue Cross' Utilization Management department at the number on the bottom of this page to verify requirement. Home health care refers to services provided by or through a licensed home health agency to an insured in his/her place of residence. The insured's attending physician must prescribe the service as part of a written plan of care, including home infusion services.

Infusion / Injection Therapy

Infusion / injection therapy requires authorization before you provide services.

Inpatient Hospital Services

The following inpatient services require prior authorization:

- Long Term Acute Care Facility (LTAC)
- Rehabilitation facility admissions
- All elective inpatient admissions require PA.
- Notify Anthem Blue Cross of emergent admissions within 24 hours or the next business day of inpatient admission.
- Non-contracting facilities require PA.

Laboratory Services

Providers are to utilize an in-network hospital / laboratory for all laboratory needs. Out of network lab services and tests that are potentially investigational require PA.

Pharmacy and/or Over-the-Counter (OTC) Products

Certain preferred medications and all non-preferred medications may require PA; please contact MedImpact at **800-788-2949**.

Specialty medications, such as Botox and chemotherapy drugs will require PA through the medical plan. Contact Anthem Blue Cross' Utilization Management department at the number below for more information.

Physician Services—Referrals to Specialists

PA is required when referring a member to an out-of-network specialist.

Radiology Services

PA is required for **all** PET/SPECT scans, CT, CTA, MRI and MRA.

PA also is required for the following:

- Cardiac Blood Pool Imaging
- CT Heart for Calcium Scoring
- CT Heart for Structure & Morph
- CTA Heart Incl Structure & Morph
- Diagnostic CT Colonography
- Echocardiogram
- Functional MRI Brain
- Infarct Imaging
- MEG
- MR Spectroscopy
- Myocardial Perfusion Imaging
- Nuclear Scans
- PET/CT Fusion
- QCT Bone Densitometry
- Screening CT colonoscopy
- Tumor Imaging
- Add-on Procedures
- Radiology services that are potentially investigational

Inpatient and Outpatient Surgeries/Procedures

All elective inpatient procedures and some outpatient procedures require prior authorization. Surgeries and procedures that are potentially cosmetic and/or investigational require prior authorization.

Outpatient procedures that require PA include:

- Ablative Techniques as a Treatment for Barrett's Esophagus
- Adoptive Immunotherapy and Cellular Therapy
- Allergy Testing
- Anterior Segment Optical Coherence Tomography
- Antineoplaston Therapy
- Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
- Artificial Intervertebral Discs
- Artificial Retinal Devices
- Audiology
- Autologous, Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- Automated Nerve Conduction Testing
- Axial Lumbar Interbody Fusion
- Balloon Sinuplasty
- Behavioral Health Treatments for Pervasive Developmental Disorders
- Bicompartamental Knee Arthroplasty
- Biomagnetic Therapy
- Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- Bone-Anchored Hearing Aids
- Breast Ductal Examination and Fluid Cytology Analysis
- Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
- Bronchial Thermoplasty
- Canaloplasty

- Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
- Carotid Intimal Medial Thickness Measurement
- Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement
- Chemotherapy and chemotherapy drugs
- Coblation® Therapies for Musculoskeletal Conditions
- Cochlear Implants and Auditory Brainstem Implants
- Cognitive Rehabilitation
- Computer Analysis of Electrocardiography (ECG)
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures
- Convection Enhanced Delivery of Therapeutic Agents to the Brain
- Cooling Devices and Combined Cooling/Heating Devices
- Cosmetic and Reconstructive Services of the Head and Neck
- Cosmetic and Reconstructive Services of the Trunk and Groin
- Cosmetic and Reconstructive Services: Skin Related
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain Stimulation
- Diagnosis of Sleep Disorders
- Dialysis
- Electrical Stimulation and Electromagnetic Therapy for Wound Healing
- Electrocardiographic (ECG) Body Surface Mapping
- Electroencephalography (EEG) Testing: Ambulatory and Video
- Electromagnetic Navigational Bronchoscopy
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Endobronchial Valve Devices
- Endothelial Keratoplasty
- Endovascular/Endoluminal Repair of Aortic Aneurysms
- Enhanced External Counterpulsation (EECP) in the Outpatient Setting
- Epiduroscopy
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Facet Joint Allograft Implants for Facet Disease
- Fetal Surgery for Prenatally Diagnosed Malformations
- Functional Endoscopic Sinus Surgery (FESS)
- Gastric Electrical Stimulation
- Hepatic Activation Therapy
- High Intensity Focused Ultrasound (HIFU) for the Treatment of Prostate Cancer
- High Resolution Anoscopy Screening Hip Resurfacing
- Hippotherapy
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Hyperoxemic Reperfusion Therapy
- Hyperthermia for Cancer Therapy
- Idiopathic Environmental Illness (IEI)

- Imaging Techniques for Screening and Identification of Cervical Cancer
- In Vivo Analysis of Colorectal Polyps
- Inhaled Nitric Oxide for the Treatment of Respiratory Failure
- Intervertebral Stabilization Devices
- Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET])
- Intraocular Anterior Segment Aqueous Drainage Devices
- Intravitreal Injections
- Keratoprosthesis
- Laparoscopic and Percutaneous MRI-Image Guided Techniques for Myolysis as a Treatment of Uterine Fibroids
- Lithroscopy
- Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
- Low-Frequency Ultrasound Therapy for Wound Management
- Lung Volume Reduction Surgery
- Lysis of Epidural Adhesions
- Mandibular/Maxillary (Orthognathic) Surgery
- Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- Mastectomy for Gynecomastia
- Maze Procedure
- Mechanical Embolectomy for Treatment of Acute Stroke
- Mechanized Spinal Distraction Therapy for Low Back Pain
- Melanoma Vaccines
- Microvolt T-Wave Alternans
- MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
- Nasal Surgery for the Treatment of Obstructive Sleep Apnea
- Nasal Valve Suspension
- Nerve Graft after Prostatectomy
- Neural Therapy
- Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting
- Nutritional Education
- Occipital Nerve Stimulation
- Occupational therapy (after 24 visits)
- Open Treatment of Rib Fracture(s) Requiring Internal Fixation
- Ophthalmologic Techniques for Evaluating Glaucoma
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Panniculectomy and Abdominoplasty
- Partial Left Ventriculectomy
- Penile Prosthesis Implantation
- Percutaneous and Endoscopic Spinal Surgery
- Percutaneous Neurolysis for Chronic Back Pain
- Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty and Sacroplasty)
- Photocoagulation of Macular Drusen
- Physical therapy (after 24 visits)
- Polysomnography
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Prolotherapy for Joint and Ligamentous Conditions
- Prostate Saturation Biopsy
- Quantitative Muscle Testing Devices
- Quantitative Sensory Testing
- Radiation Therapy

- Radiofrequency Ablation to Treat Tumors Outside the Liver
- Radiofrequency and Pulsed Radiofrequency Neurolysis for Trigeminal Neuralgia (TGN)
- Real-Time Remote Heart Monitors
- Recombinant Human Bone Morphogenetic Protein
- Reduction Mammoplasty
- Refractive Surgery
- Rhinophototherapy
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Sensory Stimulation for Brain-Injured Patients in Coma or Vegetative State
- Septoplasty
- Skin Contact Monochromatic Infrared Energy Therapy (MIRE)
- Speech Therapy
- Stereotactic Radiofrequency Pallidotomy
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Sterilization for women over 55 and men over 60
- Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent
- Surgery for Clinically Severe Obesity
- Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
- Surgical Treatment of Femoroacetabular Impingement Syndrome
- Surgical Treatment of Migraine Headaches
- Techniques for the Measurement of Body Composition
- Technologies for the Evaluation of Skin Lesions
- Procedures Related to Temporomandibular Disorders
- Total Ankle Replacement
- Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions
- Transanal Radiofrequency Treatment of Fecal Incontinence
- Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation
- Transcatheter Closure of Cardiac Defects
- Transcatheter Heart Valves
- Transcatheter Uterine Artery Embolization
- Transciliary Fistulization for the Treatment of Glaucoma
- Transendoscopic Therapy for Gastroesophageal Reflux Disease
- Transmyocardial Revascularization
- Treatment for Obstructive Sleep Apnea in Adults
- Treatment of Hyperhidrosis
- Treatment of Osteochondral Defects of the Knee and Ankle
- Treatment of Varicose Veins (Lower Extremities)
- Treatments for Urinary Incontinence and Urinary Retention
- Ultraviolet Light, Including Laser Therapy, for the Treatment of Skin Disorders
- Unicondylar Interpositional Spacer
- Vagus Nerve Stimulation

- Vertebral Body Stapling for the Treatment of Scoliosis
- Wearable Cardioverter Defibrillators
- Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders
- Women's Health Specialist

For questions regarding prior authorization for Path2Health and CMSP benefits and services, contact Utilization Management at the number below.

Transplant Services

All transplants require prior authorization.

Vision Services

For vision services, contact the Vision Service Plan (VSP) at **800-877-7195** for vision benefits.

Services Not Requiring Prior Authorization

Please note: the services listed below **do not** require prior authorization when performed by in-network providers:

- Emergency Inpatient Admissions – Notify Anthem Blue Cross of admissions within 24 hours or the next business day of inpatient admission
- Family Planning/Well Woman Check Up – Member may self-refer to any Medicaid provider for the following services:
 - Pelvic and breast examinations
 - Lab work
 - Birth Control
 - Genetic counseling
 - FDA-approved devices and supplies related to family planning (such as IUD)
 - HIV/STD screening
- Formulary glucometers and nebulizers
- In-network physical therapy and occupational therapy
- No PA required for physician referrals if referring member to an in-network specialist for consultation or a nonsurgical course of treatment
- Standard x-rays and ultrasounds