

Clinical Utilization Management Criteria

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect

Attached is a list of the *Clinical Utilization Management (UM) Criteria* the health plan has adopted. Non-customized national clinical guidelines (MCG) will continue to be the primary source of UM criteria.

The list of adopted *Medical Policies* and *Clinical UM Guidelines* are publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#). Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

The Anthem *Clinical UM Guideline* hierarchy for Medicaid in Indiana can be found [here](#).

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the Medicaid *Clinical UM Guideline* hierarchy for Indiana. If the request does not meet established criteria guidelines, it will be referred to the licensed physician reviewer for Indiana with the appropriate clinical expertise to make a decision.



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The *Clinical Utilization Management Criteria* below, that are indicated as *new*, were adopted by the Medical Operations Committee for Medicaid members on June 27, 2024.

To view the criteria below, select the link in the *Criteria Title* column. For additional information regarding our Medical Policies and Clinical UM Guidelines, visit [Provider Medical Policies](#).

Criteria Number	Criteria Title	New Item
CG-ANC-04	Ambulance Services: Air and Water	
CG-ANC-07	Inpatient Interfacility Transfers	
CG-DME-10	Durable Medical Equipment	
CG-DME-13	Lower Limb Prosthesis	
CG-DME-26	Back-Up Ventilators in the Home Setting	
CG-MED-69	Inhaled Nitric Oxide	
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	
CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	
ADMIN.00006	Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline	
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	
ANC.00009	Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities	
DME.00025	Self-Operated Spinal Unloading Devices	
RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)	
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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