

## 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 22, 2023.

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 <https://providers.anthem.com/in>.

Criteria number	Criteria title	New item
CG-ANC-04	<a href="#">Ambulance Services: Air and Water</a>	
CG-ANC-07	<a href="#">Inpatient Interfacility Transfers</a>	
CG-DME-10	<a href="#">Durable Medical Equipment</a>	
CG-DME-13	<a href="#">Lower Limb Prosthesis</a>	New
CG-DME-22	<a href="#">Ankle-Foot &amp; Knee-Ankle-Foot Orthoses</a>	
CG-DME-26	<a href="#">Back-Up Ventilators in the Home Setting</a>	New
CG-DME-47	<a href="#">Noninvasive Home Ventilator Therapy for Respiratory Failure</a>	
CG-DME-48	<a href="#">Vacuum Assisted Wound Therapy in the Outpatient Setting</a>	
CG-MED-39	<a href="#">Bone Mineral Density Testing Measurement</a>	
CG-MED-55	<a href="#">Site of Care: Advanced Radiologic Imaging</a>	
CG-MED-69	<a href="#">Inhaled Nitric Oxide</a>	
CG-OR-PR-04	<a href="#">Cranial Remodeling Bands and Helmets (Cranial Orthotics)</a>	New
CG-OR-PR-05	<a href="#">Myoelectric Upper Extremity Prosthetic Devices</a>	
CG-OR-PR-06	<a href="#">Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar</a>	
CG-SURG-82	<a href="#">Bone-Anchored and Bone Conduction Hearing Aids</a>	
CG-SURG-93	<a href="#">Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</a>	
CG-SURG-95	<a href="#">Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</a>	New
ADMIN.00006	<a href="#">Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</a>	New
ANC.00007	<a href="#">Cosmetic and Reconstructive Services: Skin Related</a>	New
ANC.00008	<a href="#">Cosmetic and Reconstructive Services of the Head and Neck</a>	
ANC.00009	<a href="#">Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities</a>	New

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect 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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Criteria number	Criteria title	New item
DME.00025	Self-Operated Spinal Unloading Devices	
RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)	
SURG.00007	Vagus Nerve Stimulation	New
SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	
SURG.00036	Fetal Surgery for Prenatally Diagnosed Malformations	
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	



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