

Clinical Utilization Management Criteria

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

Attached is a list of the Clinical Utilization Management (UM) Guidelines Anthem 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 is 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.

The Clinical Utilization Management Criteria below, which are indicated as new, were adopted by the Medical Operations Committee for our members.

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	

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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Criteria number	Criteria title	New item
CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	
CG-SURG-120	Vagus Nerve Stimulation	
CG-SURG-121	Fetal Surgery for Prenatally Diagnosed Malformations	
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	
RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)	