Provider Bulletin
June 2023

Services requiring prior authorization

For the most up-to-date and detailed listing of services that require authorization, visit our provider website at **https://providers.anthem.com/ohio-provider**. To access the Prior Authorization Lookup tool, go to the Availity Essentials* platform at **availity.com** and select the **Authorization & Referrals** section.

These services requiring prior authorization were effective February 1, 2023.

Prior authorization is not required when Anthem Blue Cross and Blue Shield (Anthem) is the secondary payer.

Physical health services that require prior authorization:

- Elective air ambulance
- All out-of-network services, excluding emergency services
- All services that may be considered experimental and/or investigational
- All services not listed on the *Ohio Department of Medicaid Fee Schedule*
- All unlisted miscellaneous and manually priced codes (including but not limited to codes ending in **99**)
- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute, and rehabilitation services
- Obstetrical admissions, newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section
- Any newborn that transfers from newborn nursery to a higher level of care (such as NICU or acute inpatient care) or transitional care nursery
- Elective transfers for inpatient and/or outpatient services between acute care facilities
- Medical detoxification
- Long-term care initial placement (while enrolled with the plan — up to 90 days)
- Acupuncture (prior authorization required after the 30th visit)
- Chiropractic care services (prior authorization required after the 30th visit for age less than 21 and 15 visits for age 21 or older)
- Cochlear implantation
- Durable medical equipment (DME) rentals, leases, and custom equipment
- DME, prosthetics, and orthotics
- Diapers/pull-ups (300 per month, 3 to 20 years old; 200 per month, 21+ years old)
- Negative pressure wound therapy
- Elective procedures, including, but not limited to joint replacements, laminectomies, spinal fusions, discectomies, vein stripping, laparoscopic/exploratory surgeries
- Gastric restrictive procedure and surgeries
- Elective termination of pregnancy
- Speech, occupational, and physical therapy (prior authorization required after the 30th visit):
    - This applies to private and outpatient facility-based services.
- Surgical services that may be considered cosmetic, including:
    - Blepharoplasty

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

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  - Mastectomy for gynecomastia
  - Mastopexy
  - Panniculectomy
  - Penile prosthesis
  - Plastic surgery or cosmetic dermatology
  - Reduction mammoplasty
  - Septoplasty
- Gender reassignment services
- Genetic testing
- Hyperbaric oxygen
- Home-based services:
  - Home healthcare (physical, occupational, and speech therapy) and skilled nursing (after 18 combined visits, regardless of modality)
  - Home infusion services and injections (see pharmacy list of HCPCS codes that require prior authorization)
  - Home health aide services
  - Private duty nursing (extended nursing services)
  - Hospice inpatient services
- Hysterectomy (*Hysterectomy Consent Form* required)
- Cardiac and pulmonary rehabilitation
- Pain management — external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks
- Pharmacy and medications — Contact Gainwell (pharmacy).
- Transplants (prior authorization for transplants except for kidney must be requested directly from the appropriate consortium):
  - Ohio Solid Organ Transplantation Consortium
    9200 Memorial Dr.
    Plain City, Ohio 43064
    Phone: **614-504-5705**
    Fax: **614-504-5707**

  - Ohio Hematopoietic Stem Cell Transplant Consortium
    9500 Euclid Avenue, Desk R32
    Cleveland, Ohio 44195
    Phone: **440-585-0759**
    Fax: **440-943-6877**
- The following radiology services when performed as an outpatient service require prior authorization by Anthem:
  - Computed tomography angiography (CTA)
  - Coronary computed tomography angiography (CCTA)
  - Computed tomography (CT)
  - Echocardiogram (ECHO)
  - Magnetic resonance angiography (MRA)
  - Magnetic resonance imaging (MRI)
  - Myocardial perfusion imaging (MPI)
  - Positron emission tomography (PET)
  - Multiple-gated acquisition scan (MUGA)

Physical health services that do not require prior authorization:

- Emergency room services (in-network and out-of-network)
- 48-hour observations (except for maternity — notification required)
- Low-level plain films — X-rays, EKGs
- Family planning services (in or out-of-network)
- Post stabilization services (in-network and out-of-network)
- Early and periodic screening, diagnosis, and treatment (EPSDT) screening services
- Women's healthcare (OB-GYN services)
- Routine vision services
- Dialysis
- Post-operative pain management (must have a surgical procedure on the same date of service)
- Services rendered at school-based clinics
- Primary care provider (PCP)
- Local health department

Physical health services that require notification:

- All newborn deliveries
- Maternity obstetrical services (after first visit) and outpatient care (includes observation)

Behavioral health services requiring prior authorization:

- Adult (21 and over) inpatient hospitalizations (mental health and/or substance use disorder)
- Psychological and neuropsychological testing (required only when more than 20 hours/encounter per calendar year for all psychological testing codes).
- Electroconvulsive therapy
- Therapeutic group services (day treatment per diem)
- Assertive community treatment
- Behavioral analysis therapy
- Substance Use Disorder Partial Hospitalization program (ASAM 2.5)
- Substance use disorder residential treatment (ASAM 3.1, 3.5, 3.7)
    - First and second admissions in a calendar year require a notification and are not subject to a medical necessity review.
    - 31+ days during either admission requires a prior authorization and medical necessity review.
    - Third and subsequent admissions in a calendar year require a prior authorization and medical necessity review.
- Transcranial magnetic stimulation therapy
- Urine drug screen (required only when more than 30 presumptive drug screens or 12 definitive drug tests are provided within a benefit year)

Services covered by OhioRISE only:

- Child and adolescent inpatient hospitalization (mental health and/or substance use disorder)
- Intensive home-based treatment (IHBT)
- Intensive and moderate care coordination
- Psychiatric residential treatment facility
- OhioRISE 1915(b) and 1915(c) services

Behavioral health services that do not require authorization:

- Psychotherapy for mental health and substance use disorder (individual, family, multiple family, group)
- Psychotherapy for crisis for mental health and substance use disorder
- Behavioral health counseling
- Psychosocial rehabilitation services
- Community psychiatric supportive treatment (individual and group)
- Therapeutic group services (day treatment per hour less than 2.5 hours)
- Substance use disorder assessment
- Substance use disorder individual and group counseling
- Substance use disorder case management
- Substance use disorder peer support services (up to 4 hours per day)
- Evaluation and management visits for mental health and substance use disorder including home • and prolonged visits
- Psychiatric diagnostic evaluation
- Smoking and tobacco cessation counseling
- Screening, brief intervention and referral to treatment (SBIRT)
- A Child and Adolescent Needs and Strengths (CANS) assessment
- Up to 72 hours of mobile response stabilization services (MRSS), except in accordance with *OAC Rule 5160-27-13*
- Depression screening and cognitive behavioral health therapies provided in coordination with the Help Me Grow program including services performed in the home

See the Anthem provider manual for the prior authorization process at **https://providers.anthem.com/ohio-provider/home** > Resources > Provider Manuals and Guides.

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to **availity.com** and select the appropriate payer space tile from the drop-down. Then, select Chat with Payer and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section at the bottom of our provider website for the appropriate contact.