

## Anthem Blue Cross and Blue Shield in Connecticut MediBlue<sup>SM</sup> HMO Medicare Advantage Prior Authorization Guidelines

The following guidelines apply to Anthem Blue Cross and Blue Shield (“Anthem”) MediBlue<sup>SM</sup> HMO Medicare Advantage product issued and delivered by Anthem in Fairfield, Hartford and New Haven counties in Connecticut.

To verify member eligibility, benefits and account information please call the telephone number listed on the back of the member’s identification card.

Prior Authorization is the determination by Anthem Blue Cross and Blue Shield that selected inpatient and outpatient medical services (including surgeries, major diagnostic procedures and referrals) are medically necessary. For the member to receive maximum benefits, Anthem must authorize the services for which prior authorization is required prior to being rendered. Prior authorization can help avoid unnecessary charges or penalties by helping to ensure that the member’s care is medically necessary and administered at an appropriate network facility and by a network provider.

### Prior Authorization Responsibility:

**For HMO type health plans:** Under our HMO plans and products:

- It is the participating physician’s or provider’s responsibility to contact our Utilization Management Department at (800) 441-2411 to obtain prior authorization.
- The request must come from the provider or facility rendering the service, not the referring physician, except for non emergent diagnostic imaging services subject to prior authorization by NIA where the rendering is responsible for confirming that the prior authorization has been completed by the referring physician.
- If prior authorization is not obtained, the claim may be penalized or denied by Anthem and the member must be held harmless.

The prior authorization number is listed on the back of the member’s Anthem ID card.

### Prior authorization is required for the following services:

Inpatient Surgical/Inpatient Medical
<ul style="list-style-type: none"> <li>• Elective Admissions</li> <li>• Emergency Admissions (required Plan notification is within 48 hours)</li> <li>• Inpatient Rehabilitation Facility Admissions</li> <li>• Inpatient Skilled Nursing Facility Admissions</li> <li>• Maternity Admissions</li> </ul>
Human Organ and Bone Marrow/Stem Cell Transplants
<ul style="list-style-type: none"> <li>• All Inpatient Organ and Tissue Transplants</li> <li>• All Outpatient Transplants</li> </ul>

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### **Mental Health/Substance Abuse (MH/SA)**

- Inpatient Mental Health Admissions
- Inpatient Substance Abuse/Detoxification Admissions
- Outpatient Mental Nervous/Substance Abuse Detoxification Services

### **Additional Services Requiring Prior Authorization**

- Air Ambulance (except in an emergency)
- Ambulatory Surgery: For all elective ambulatory surgery, such as cosmetic/reconstructive, outpatient transplants and optical/vision procedures
- Cardiac Rehabilitation Visits (outpatient)
- Durable Medical Equipment (DME)
- Hospice Care (prior authorization is advisable to assure that you have selected a Medicare-approved hospice, but not mandatory)
- MRI/MRA, PET, CT and Nuclear Cardiology
- Occupational Therapy Visits
- Physical Therapy Visits
- Potential Investigative/Experimental Procedures
- Prosthetics/Orthotics
- Power Operated Vehicles including power wheelchairs
- Speech Therapy Visits
- Care from a doctor or hospital that is not in the network, under certain conditions

### **Emergency Admissions**

Anthem must be notified within 48 hours for emergency admissions. Failure to notify Anthem may result in denial of claims for services that we determine are not medically necessary under the benefits contract.

### **Diagnostic Radiology through National Imaging Associates (NIA)**

Prior Authorization is required through NIA for the following non-emergent outpatient diagnostic imaging services:

- MRI/MRA, PET, CT and Nuclear Cardiology

Please contact NIA to obtain prior authorization of these services at (888) 899-7804.

### **Mental Health/Substance Abuse Services**

Magellan Behavioral Health administers mental health and substance abuse benefits for the Medicare Advantage product in Connecticut. Professionals there are trained to handle referrals and coordinate care for mental health and substance abuse.

Please contact Magellan Behavioral Health to obtain prior authorization of these services at (800) 424-4368.