

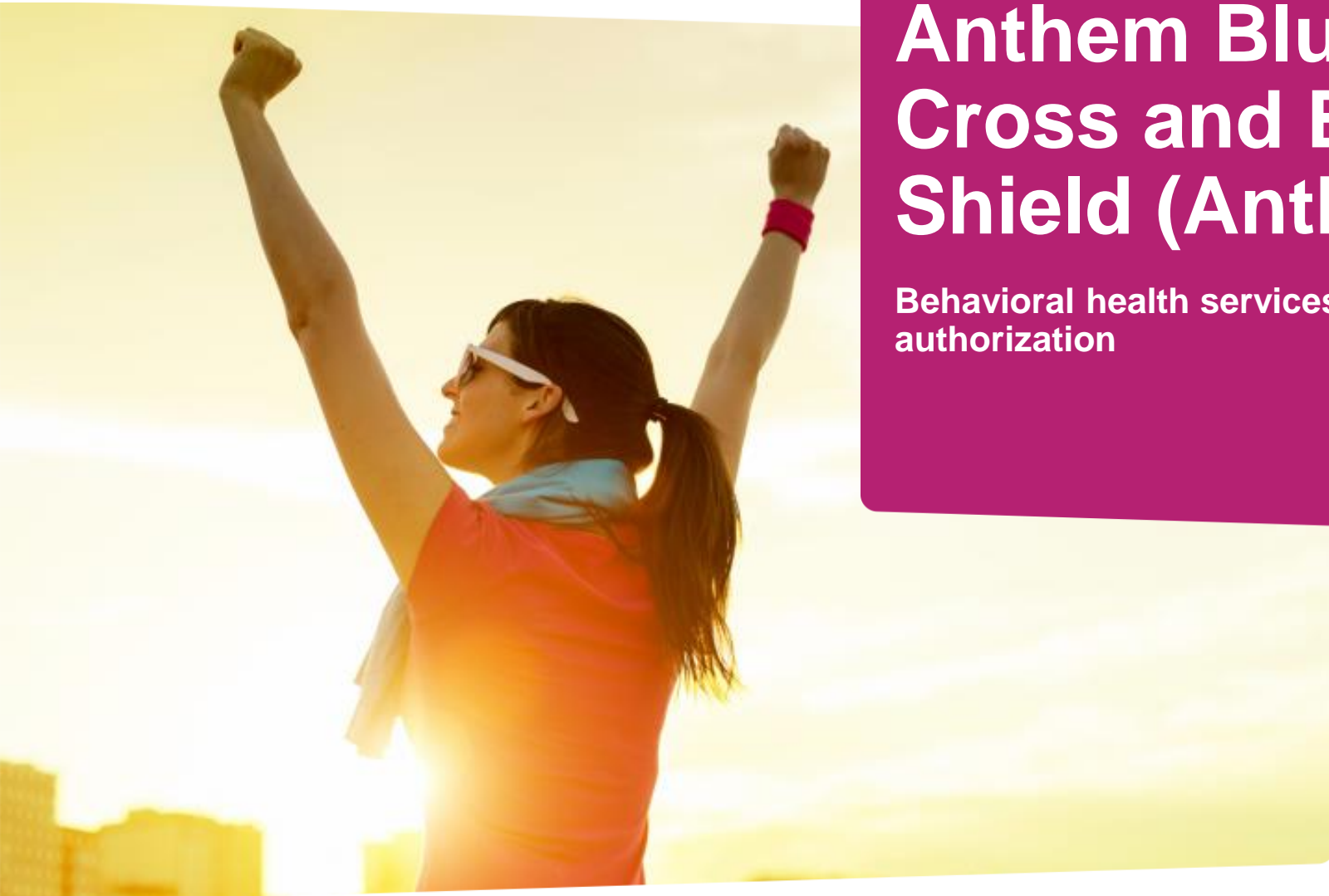


Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana
Plan and Hoosier Care Connect

Anthem Blue Cross and Blue Shield (Anthem)

**Behavioral health services: prior
authorization**



Prior authorization

Our contract with the state of Indiana requires prior authorization (PA) of the following services:

- Applied behavior analysis (ABA)
- Psychological/neuropsychological testing
- Inpatient services
- Partial hospitalization
- Intensive outpatient treatment (IOT)
- Substance use disorder (SUD) residential services
- Transcranial magnetic stimulation

Out-of-network providers must receive PA for all services.



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Prior authorization (cont.)

- The contract requires the determination of medical necessity for these services.
- Medically necessary services are defined as “health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.”

Prior authorization (cont.)

- Accepted standards of medicine refers to the research literature that supports the use of a service for treatment.
- Anthem's BH department uses MCG Care Guidelines for medical necessity determination.
 - MCG Care Guidelines are evidence-based as the criterion are based upon the research literature.
- PA decisions are not random, nor are they meant to deny needed services.
- The goal is to provide evidence-based care with documented effectiveness to ensure that Medicaid resources are used appropriately.

Prior authorization (cont.)

Do's for SUD — inpatient or residential services:

1. Complete the SUD PA request form in its entirety.
2. Send all listed documentation with the SUD PA form.
3. Send documentation that supports the six dimensions of ASAM to support the level of care.
4. Send the most current clinicals; include documentation from the last 24 to 48 hours for concurrent PA.

Prior authorization (cont.)

Do's for SUD (cont.)

5. Send a summary of why the specific level of care is being requested.
 - Why is this level of service necessary?
 - Why can't the member be treated at a lower level of care?
6. Send Clinical Institute Withdrawal Assessment (CIWA) scores.
7. Make sure the diagnosis matches the service being requested.
8. Send progress in treatment and adjustments to treatment plan when submitting concurrent PA.

Prior authorization (cont.)

Do's for other services:

1. Detailed clinical obtained from the assessment
2. Most recent clinical if a concurrent review (last 24 to 48 hours)
3. Send a summary of why the specific level of care is being requested:
 - Why is this level of service necessary?
 - Why can't the member be treated at a lower level of care?
4. If a concurrent review, provide progress in treatment, adjustments made to treatment and discharge plan

Prior authorization (cont.)

Don't:

- Submit an incomplete PA form or a PA form with no clinical attached.
- Submit more documentation than what is needed to make a medical necessity determination. This will delay the decision-making process.
- Omit the treatment plan and discharge plan.

Intensive outpatient treatment

On July 1, 2019, Indiana Medicaid began coverage of in-clinic option (IOT) services.¹ **IOT services are no longer part of Medicaid Rehabilitation Option Services (MRO).**

- These services require PA.
- Read the bulletin carefully as the program requirements and provider qualifications are not the same as MRO.
- When PA is submitted, Anthem will ask about the program elements.

1 Indiana Health Coverage Programs, BT201929, May 30, 2019,
<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201929.pdf>



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Intensive outpatient treatment (cont.)

Do's for PA of IOT:

1. Detailed clinical obtained from assessment of the member
2. Most recent clinical if a concurrent review (last 24 to 48 hours)
3. Send a summary of why IOT is being requested:
 - Why is this level of service necessary?
 - Why can't the member be treated at a lower level of care?
4. If a concurrent review, provide progress in treatment, adjustments made to treatment and discharge plan

IOT authorizations are made based upon medical necessity, and the length of the authorization will vary.

PA resources

- **Prior Authorization Lookup Tool (PLUTO):**
<https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx>
- **PA forms:** <https://mediproviders.anthem.com/in/pages/forms.aspx>
- **Availity Portal:**
<https://apps.availity.com/availity/web/public.elegant.login>
- **Universal PA form:** <https://www.in.gov/medicaid/files/pa%20form.pdf>
- **IHCP SUD form:**
<https://www.in.gov/medicaid/files/SUD%20PA%20form.pdf>

Territory map



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Session survey

Please use the QR code or the link below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate survey for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

<https://tinyurl.com/fssa1009>



Thank you

www.anthem.com/inmedicaidoc

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