

# Indiana Provider Communications

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## Clinical Guideline Update - May 2019\*

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Published: May 1, 2019

The following new Anthem Blue Cross and Blue Shield Clinical Guideline will require Precertification review effective **August 1, 2019** in Indiana, Kentucky, Missouri, Ohio and Wisconsin.

<b>CG-SURG-92</b>	<b>Paraesophageal Hernia Repair</b>	<ul style="list-style-type: none"><li>• PEH repair is considered Medically necessary (<b>MN</b>) for symptomatic individuals when criteria are met</li><li>• PEH repair during operation for Roux-en-Y gastric bypass, sleeve gastrectomy, or the placement of an adjustable gastric band is considered <b>MN</b> when criteria are met</li><li>• Recurrent PEH repair is considered <b>MN</b> when criteria are met</li><li>• PEH repair is considered not Medically necessary (<b>NMN</b>) when criteria are not met and for all other indications</li></ul>	Existing codes 43280, 43281, 43282, 43283, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 0BQT0ZZ, 0BQT3ZZ, 0BQT4ZZ, 0BUT0JZ will be reviewed for MN criteria
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\* Notice of Prior Authorization or Material Adverse Change

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