

# Indiana Provider Communications

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## Notice of Changes to Prior Authorization Requirements: Updated Indiana Provider Manual posted to anthem.com

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### Indiana Provider Manual Update - Pre-certification/Pre-authorization Requests Effective Immediately

The Indiana Provider Manual has been updated to ensure Pre-certification/Pre-authorization Requests are submitted complete.

Updates to the Provider Manual:

- In the **Utilization Management Section**, under *UM Definitions*, definition #3 has been updated to add the essential elements needed when submitting a complete Pre-certification/Pre-authorization Request:
  - Place of Service (ex. Inpatient, Outpatient)
  - Type of Service (ex. Medical, Surgical, Behavioral Health)
  - Date of Service
  - Member Identification Number (with 3 character prefix if there is one)
  - Member Name and Member's Date of Birth
  - Level of Service (ex. Elective, Urgent, Emergent)
  - Diagnosis
  - HCPCS or CPT Codes for scheduled Procedure
  - Name and address of Provider and NPI
  - Name and address of Facility and NPI
  - Clinical information to support the request
- The **Interactive Care Reviewer (ICR)** subsection under the Anthem Provider Website Section was moved to the **Utilization Management Section**.

The updated Indiana Provider Manual is available online.

To access the Provider Manual, visit our provider website [anthem.com/provider](http://anthem.com/provider) > select *Indiana* > scroll down to *See Policies and Guidelines* > scroll down and click on *Download the Provider Manual* > on the *Publication* webpage, select [Indiana Provider Manual, or click here](#).

If you have questions, please contact your local Network Relations Consultant at 1-800-455-6805.

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