

Anthem National Accounts

2019 Standard Pre-certification list

Inpatient Admission:

- Inclusive of all Acute Inpatient, Skilled Nursing Facility, Long Term Acute Rehab, and OB delivery stays beyond the Federal Mandate minimum LOS (including newborn stays beyond the mother's stay)
- Emergency Admissions (Requires Plan notification no later than 2 business days after admission)

Outpatient and Surgical Services

- Air Ambulance (excludes 911 initiated emergency transport)
- Bone-Anchored and Bone Conduction Hearing Aids
- Cochlear Implants and Auditory Brainstem Implants
- Corneal Collagen Cross-Linking
- Cryopreservation of Oocytes or Ovarian Tissue
- Diaphragmatic/Phrenic Nerve Stimulation pacing systems
- Deep Brain, Cortical, and Cerebellar Stimulation
- Electric Tumor Treatment Field (TTF) for treatment of glioblastoma
- Immunoprophylaxis for respiratory syncytial virus (RSV)
- Implantable Middle Ear Hearing Aids
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Keratoprosthesis
- MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- Occipital nerve stimulation
- Percutaneous Neurolysis for Chronic Neck and Back Pain
- Photocoagulation of Macular Drusen
- Private Duty Nursing
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Radiofrequency Ablation to Treat Tumors Outside the Liver
- Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
- Treatment of Hyperhidrosis
- Treatments for Urinary Incontinence
- Transcatheter Uterine Artery Embolization
- Treatment of Temporomandibular Disorders
- Vagus Nerve Stimulation

Diagnostic Testing

- Cardiac Ion Channel Genetic Testing

- Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
- Gene Expression Profiling for Managing Breast Cancer Treatment
- Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- Genetic Testing for Cancer Susceptibility
- Preimplantation Genetic Diagnosis Testing
- SmartPill™ Motility Testing
- Prostate Saturation Biopsy

Durable Medical Equipment (DME)/Prosthetics

- Augmentative and Alternative Communication (AAC) Devices/ Speech Generating Devices (SGD)
- Continuous Interstitial Glucose Monitoring
- Custom-made Knee Braces
- Dynamic Low-Load Prolonged-Duration Stretch Devices (LLPS)
- Electrical Bone Growth Stimulation
- External (Portable) Continuous Insulin Infusion Pump
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Implantable Infusion Pumps
- Lower Limb Prosthesis and Microprocessor Controlled Lower Limb Prosthesis
- Oscillatory Devices for Airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation (IPV)
- Pneumatic Compression Devices for Lymphedema
- Ultrasound Bone Growth Stimulation
- Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
- Prosthetics: Electronic or externally powered and select other prosthetics- (myoelectric-UE)
- Standing Frame
- Transtympanic Micropressure for the Treatment of Ménière's Disease

Radiation Therapy/ Radiology Services

- Intensity Modulated Radiation Therapy (IMRT)
- Magnetic Source Imaging and Magnetoencephalography (MSI/MEG)
- Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications
- Proton Beam Therapy
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for treating Primary or Metastatic Liver Tumors

- Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Malignant Lesions Outside the Liver- except CNS and Spinal Cord
- Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule

Surgical Services

- Ablative Techniques as a Treatment for Barrett's Esophagus
- Balloon and Self-Expanding Absorptive Sinus Ostial Dilation
- Bariatric Surgery and Other Treatments for Clinically Severe Obesity
- Bronchial Thermoplasty for Treatment of Asthma
 - Cardio-Vascular
 - Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
 - Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement
 - Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities)
 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
 - Implantable or Wearable Cardioverter-Defibrillator
 - Maze Procedure
 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
 - Mechanical Embolectomy for Treatment of Acute Stroke
 - Partial Left Ventriculectomy
 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
 - Transcatheter Heart Valve Procedures
 - Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects
 - Treatment of Varicose Veins (Lower Extremities)
 - Venous Angioplasty with or without Stent Placement/ Venous Stenting
 - Cryosurgical Ablation of Solid Tumors Outside the Liver
 - Functional Endoscopic Sinus Surgery
 - Gastric Electrical Stimulation
 - Lung Volume Reduction Surgery
 - Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
 - Musculo-Skeletal Surgeries
 - Axial Lumbar Interbody Fusion
 - Cervical Total Disc Arthroplasty
 - Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
 - Extracorporeal Shock Wave Therapy for Orthopedic Conditions

- Implanted Devices for Spinal Stenosis
- Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
- Lumbar Discography
- Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy
- Lumbar Spinal Fusion and Lumbar Total Disc Arthroplasty
- Lysis of Epidural Adhesions
- Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- Meniscal Allograft Transplantation of the Knee
- Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- Sacroiliac Joint Fusion
- Surgical Interventions for Scoliosis and Spinal Deformity
- Total Ankle Replacement
- Treatment of Osteochondral Defects of the Knee and Ankle
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
 - Plastic/Reconstructive surgeries/ treatments:
 - Abdominoplasty ,Panniculectomy, Diastasis Recti Repair
 - Blepharoplasty
 - Brachioplasty
 - Breast Procedures; including Reconstructive Surgery, Implants and other Breast Procedures
 - Buttock/Thigh Lift
 - Chin Implant, Mentoplasty, Osteoplasty Mandible
 - Composite Products for Wound Healing and Soft Tissue Grafting
 - Insertion/Injection of Prosthetic Material Collagen Implants
 - Hyperbaric Oxygen Therapy (Systemic/Topical)
 - Liposuction/Lipectomy
 - Mandibular/Maxillary (Orthognathic) Surgery
 - Mastectomy for Gynecomastia
 - Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
 - Penile Prosthesis Implantation
 - Procedures Performed on the Face, Jaw or Neck (including facial dermabrasion, scar revision)
 - Procedures Performed on Male or Female Genitalia
 - Procedures Performed on the Trunk and Groin
 - Reduction Mammoplasty
 - Repair of Pectus Excavatum / Carinatum
 - Rhinoplasty
 - Septoplasty
 - Skin-Related Procedures

- Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence and Urinary Retention
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Surgical and Ablative Treatments for Chronic Headaches
- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other GU Conditions
- Transanal Hemorrhoidal Dearterialization (THD)
- Surgical Treatment of Obstructive Sleep Apnea and Snoring
- Viscocanalostomy and Canaloplasty

Gender Reassignment Surgery

- Clear confirmation that the group has purchased the benefit is required. If the benefit is purchased, precertification is required.

Human Organ and Bone Marrow/Stem Cell Transplants

- Inpatient admits for ALL solid organ and bone marrow/stem cell transplants (Including Kidney only transplants)
- Outpatient: All procedures considered to be transplant or transplant related including but not limited to:
 - Stem Cell/Bone Marrow transplant (with or without myeloablative therapy)
 - Donor Leukocyte Infusion
- (CAR) T-cell immunotherapy treatment
- Gene replacement therapy intended to treat retinal dystrophies (Clear confirmation that the group has purchased the benefit is required. If the benefit is purchased, precertification is required)
- Intrathecal treatment of Spinal Muscular Atrophy (SMA)

Out of Network Referrals:

Out of Network Services for consideration of payment at in-network benefit level (may be authorized, based on network availability and/or medical necessity.)

Mental Health/Substance Abuse (MHSA):

Pre-cert Required

- Acute Inpatient Admissions
- Transcranial Magnetic Stimulation (TMS)
- Employer Group Custom Coverage Decision – Please check with customer service.
 - Intensive Outpatient Therapy (IOP)
 - Partial Hospitalization (PHP)
- Residential Care
- Behavioral Health in-home Programs

ABA- Applied Behavioral Analysis is not a standard benefit. If ABA is covered for a client, precertification is recommended but not required. If precertification is selected, the Autism Spectrum Disorder (ASD) program must be purchased.

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Services not requiring pre-certification for coverage, but recommended for pre-determination of medical necessity due to the existence of post service claim edits and/or the potential cost of services to the member if denied by Anthem for lack of medical necessity:

- (1) Procedures, equipment, and/or specialty infusion drugs which have medically necessary criteria determined by Corporate Medical Policy or Adopted Clinical Guidelines.

*A complete list of Medical Policies and Clinical Guidelines is available by visiting www.Anthem.com and using the Provider tab for accessing information. You may also call the Customer Service number on the member ID card to see if the specific requested code is subject to medical policy or clinical guideline criteria.

*Services not requiring pre-certification for coverage, but recommended for pre-determination of medical necessity due to the existence of post service claim edits and/or the potential cost of services to the member if denied by Anthem for lack of medical necessity.

**This standard list applies to National Accounts licensed under Anthem Blue Cross, Anthem Blue Cross Blue Shield, Blue Cross Blue Shield of Georgia, Empire Blue Cross Blue Shield.

** Customized precertification approaches specific to individual employer groups are common in National Accounts. Details available by calling the Customer Service number on the member ID card.