Local ASO Accounts

2017 Standard Pre-certification list

Inpatient Admission:
- Inclusive of all Acute Inpatient, Skilled Nursing Facility, Long Term Acute, Inpatient 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 Services:
- Ablative Techniques as a Treatment for Barrett’s Esophagus
- Air Ambulance (excludes 911 initiated emergency transport)
- Artificial Intervertebral Discs
- Balloon Sinuplasty
- Bariatric Surgery
- Bone-Anchored Hearing Aids
- Breast Procedures; including Reconstructive Surgery, Implants, Reduction, Mastectomy for Gynecomastia and other Breast Procedures
- Canaloplasty
- 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
- Cochlear Implants and Auditory Brainstem Implants
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain Stimulation
- Diagnostic Testing
- Diagnosis of Sleep Disorders
- Gene Expression Profiling for Managing Breast Cancer Treatment
- Genetic Testing for Cancer Susceptibility
- DME/Prosthetics
- Bone Growth Stimulator: Electrical or Ultrasound
- Communication Assisting / Speech Generating Devices
- External (Portable) Continuous Insulin Infusion Pump
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Microprocessor Controlled Lower Limb Prosthesis
- Oscillatory Devices for Airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation (IPV)
- Pneumatic Pressure Device with Calibrated Pressure

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- Power Wheeled Mobility Devices
- Prosthetics: Electronic or externally powered and select other prosthetics
- Standing Frame
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Functional Endoscopic Sinus Surgery
- Gastric Electrical Stimulation
- Gender Reassignment Surgery
- Implantable or Wearable Cardioverter-Defibrillator
- Implantable Infusion Pumps
- Implantable Middle Ear Hearing Aids
- Implant Devices for Spinal Stenosis
- Implant Spinal Cord Stimulators
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
- Lumbar spinal surgeries
- Lung Volume Reduction Surgery
- Lysis of Epidural Adhesions
- Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- Maze Procedure
- MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
- Oral, Pharyngeal & Maxillofacial Surgical Treatment for Obstructive Sleep Apnea
- Surgical Treatment of Migraine Headaches
- Occipital nerve stimulation
- Orthognathic Surgery
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Partial Left Ventriculectomy
- Penile Prosthesis Implantation
- Percutaneous Neurolysis for Chronic Back Pain
- Photocoagulation of Macular Drusen
- Physician Attendance and Supervision of Hyperbaric Oxygen Therapy
- Plastic/Reconstructive surgeries:
  - Abdominoplasty, Panniculectomy, Diastasis Recti Repair
  - Blepharoplasty
  - Brachioplasty
  - Buttock/Thigh Lift
  - Chin Implant, Mentoplasty, Osteoplasty Mandible
  - Insertion/Injection of Prosthetic Material Collagen Implants
- Liposuction/Lipectomy
- Procedures Performed on Male or Female Genitalia
- Procedures Performed on the Face, Jaw or Neck (including facial dermabrasion, scar revision)
- Procedures Performed on the Trunk and Groin
- Repair of Pectus Excavatum / Carinatum
- Rhinoplasty
- Skin-Related Procedures
- Percutaneous Spinal Procedures
- Private Duty Nursing
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Radiation therapy
- Intensity Modulated Radiation Therapy (IMRT)
- Proton Beam Therapy
- Radiofrequency Ablation to Treat Tumors Outside the Liver
- Real-Time Remote Heart Monitors
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Sacroiliac Joint Fusion
- Septoplasty
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent
- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other GU Conditions
- Thoracoscopy for Treatment of Hyperhidrosis
- Tonsillectomy in Children
- Total Ankle Replacement
- Transcatheter Closure of Cardiac Defects
- Transcatheter Uterine Artery Embolization
- Transmyocardial Preventicular Device
- Transtympanic Micropressure for the Treatment of Ménière’s Disease
- Treatment of Obstructive Sleep Apnea, UPPP
- Treatment of Osteochondral Defects of the Knee and Ankle
- Treatment of Temporomandibular Disorders
- Vagus Nerve Stimulation
- Varicose Vein Treatment

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

**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

ABA- Applied Behavioral Analysis is not a standard benefit. Clear confirmation that the group has purchased the benefit and pre-determination are recommended.

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:

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

*A complete list of Medical Policies and Clinical Guidelines is available by visiting [www.Anthem.com](http://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.*