Local ASO Accounts on NASCO

2018 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
- Ambulance Services: Air and Water (excludes 911 initiated emergency Transport)
- Cervical Total Disc Arthroplasty
- Balloon and Self-Expanding Absorptive Sinus Ostial Dilation
- Bariatric Surgery and Other Treatments for Clinically Severe Obesity
- Bone-Anchored and Bone Conduction Hearing Aids
- Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
- Viscoanalostomy and 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 of the Appendicular System
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain, Cortical, and Cerebellar Stimulation
- Diagnostic Testing
  - Gene Expression Profiling for Managing Breast Cancer Treatment
  - Genetic Testing for Cancer Susceptibility
- DME/Prosthetics
  - Electrical Bone Growth Stimulation
  - Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)
  - 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 Compression Devices for Lymphedema
Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight
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
Implanted Devices for Spinal Stenosis
Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
Lumbar Spinal Fusion and Lumbar Total Disc Arthroplasty
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 for Non-Oncologic Indications
Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
Surgical and Ablative Treatments for Chronic Headaches
Occipital nerve stimulation
Mandibular/Maxillary (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 Neck and Back Pain
Photocoagulation of Macular Drusen
Hyperbaric Oxygen Therapy (Systemic/Topical)
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 Vertebroplasty, Kyphoplasty and Sacroplasty
- Private Duty Nursing
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Radiation therapy
  - Intensity Modulated Radiation Therapy (IMRT)
  - Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
  - Proton Beam Therapy
- Radiofrequency Ablation to Treat Tumors Outside the Liver
- Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Sacroiliac Joint Fusion
- Septoplasty
- Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent
- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other GU Conditions
- Treatment of Hyperhidrosis
- Tonsillectomy for Children with or without Adenoidectomy
- Total Ankle Replacement
- Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Transcatheter Uterine Artery Embolization
- Transmyocardial/Perventricular Device Closure of Ventricular Septal Defects
- Transtympanic Micropressure for the Treatment of Ménière’s Disease
- Surgical treatment of Obstructive Sleep Apnea and Snoring
- Treatment of Osteochondral Defects of the Knee and Ankle
- Treatment of Temporomandibular Disorders
- Vagus Nerve Stimulation
- Treatment of Varicose Veins (Lower Extremities)

**Gender Reassignment Surgeries**
- 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-certificate 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.*
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](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.

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