Anthem National Accounts
2024 Standard Precertification List

Inpatient Admission:

- Acute Inpatient
- Acute Rehabilitation
- LTACH (Long Term Acute Care Hospital)
- Skilled Nursing Facility
- 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)

Diagnostic Testing:

- BRCA Genetic Testing
- Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability and Congenital Anomalies
- Gene Expression Profiling for Managing Breast Cancer Treatment
- Gene Mutation Testing for Cancer Susceptibility and Management
- Genetic Testing for Inherited Diseases
- Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP) Attenuated FAP and MYH-Associated Polyposis
- Preimplantation Genetic Diagnosis Testing
- Prostate Saturation Biopsy
- Testing for Biochemical Markers for Alzheimer's Disease
- Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling
- Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders

Durable Medical Equipment (DME)/Prosthetics:

- Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output
- Compression Devices for Lymphedema
- Electric Tumor Treatment Field (TTF)
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- High Frequency Chest Compression Devices for Airway Clearance
- Implantable Infusion Pumps
- Intrapulmonary Percussive Ventilation Device
- Microprocessor Controlled Knee-Ankle-Foot Orthosis

- Microprocessor Controlled Lower Limb Prosthesis
- Myoelectric Upper Extremity Prosthetic Devices
- Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Standing Frames
- Ultrasonic Diathermy Devices
- Ultrasound Bone Growth Stimulation
- Powered Wheeled Mobility Devices

Gender Affirming Surgery:

- Clear confirmation that the group has excluded the benefit is required. *If the benefit is covered, pre-certification 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:
    - Donor Leukocyte Infusion
    - Intrathecal treatment of Spinal Muscular Atrophy (SMA) Spinraza (nusinersen)
    - Stem Cell/Bone Marrow transplant (with or without myeloablative therapy)
    - (CAR) T-cell immunotherapy treatment *including but not limited to*:
        - Axicabtagene ciloleucel (Yescarta™)
        - Brexucabtagene Autoleucel (Tecartus)
        - Carvykti(ciltacabtagene autoleucel) (CAR-T)
        - idecabtagene vicleucel (Abecma)
        - lisocabtagene maraleucel (Breyanzi)
        - Tisagenlecleucel (Kymriah™)
    - Gene Replacement Therapy (Clear confirmation that the group has excluded the benefit is required. If the benefit is covered, pre-certification is required). *including but not limited to*:
        - Gene Therapy for Ocular Conditions/ Voretigene neparvovec-rzyl (Luxturna™)
        - Gene Therapy for Spinal Muscular Atrophy/ onasemnogene abeparvovec-xioi (Zolgensma®)
        - Gene Therapy for Hemophilia
        - Gene Therapy for Beta Thalassemia Betibeglogene autotemcel (ZYNTEGLO)

- Gene Therapy for Cerebral Adrenoleukodystrophy (CALD)

Mental Health/Substance Abuse (MHSA):

Pre-cert Required

- Acute Inpatient Admissions
- Transcranial Magnetic Stimulation (TMS)
- Residential Care
- Behavioral Health in-home Programs
- Applied Behavioral Analysis (ABA)*
- Intensive Outpatient Therapy (IOP) **
- Partial Hospitalization (PHP) **

**Precertification for ABA is recommended and applies unless the group specifically opts out of clinical review for this benefit. Retrospective review is allowed*

*** Please check benefits for any exclusions, or specific precert requirements*

Other Outpatient and Surgical Services:

- Aduhelm (aducanumab)
- Ambulance Services: Air and Water (excludes 911 initiated emergency transport)
- Ablative Techniques as a Treatment for Barrett's Esophagus
- Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting
  - Insertion/injection of prosthetic material collagen implants
- Axial Lumbar Interbody Fusion
- Balloon Sinus Ostial Dilation
- Bariatric Surgery and Other Treatments for Clinically Severe Obesity-

  **If the benefit is covered, pre-certification is required*
- Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- Bone-Anchored and Bone Conduction Hearing Aids
- Breast Procedures; including Reconstructive Surgery, Implants and other Breast Procedures
- Bronchial Thermoplasty
- Cardiac Contractility Modulation Therapy
- Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
- Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
- Cardioverter Defibrillators
- Cervical and Thoracic Discography
- Cochlear Implants and Auditory Brainstem Implants

- Corneal Collagen Cross-Linking
- Cosmetic and Reconstructive Services: Skin Related, including but not limited to:
  - Brachioplasty
  - Chin Implant, Mentoplasty, Osteoplasty Mandible
  - Procedures Performed on the Face, Jaw or Neck (including facial dermabrasion, scar revision)
- Cosmetic and Reconstructive Services of the Head and Neck, including but not limited to:
  - Facial Plastic Surgery Otoplasty - Rhinophyma
  - Rhinoplasty or Rhinoseptoplasty (procedure which combines both rhinoplasty and septoplasty)
  - Rhytidectomy (Face lift)
  - Cranial Nerve Procedures
  - Ear or Body Piercing
  - Frown Lines
  - Neck Tuck (Submental Lipectomy)
- Cosmetic and Reconstructive Services of the Trunk and Groin, including but not limited to:
  - Brachioplasty
  - Buttock/Thigh Lift
  - Congenital Abnormalities
  - Lipectomy/Liposuction
  - Repair of Pectus Excavatum/Carinatum
  - Procedures on the Genitalia

- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain, Cortical, and Cerebellar Stimulation
- Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
- Doppler-Guided Transanal Hemorrhoidal Dearterialization
- Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation
- Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities)
- Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- Focal Laser Ablation for the Treatment of Prostate Cancer
- Functional Endoscopic Sinus Surgery (FESS)
- Home Parenteral Nutrition

- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Immunoprophylaxis for respiratory syncytial virus (RSV)/ Synagis (palivizumab)
- Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
- Implanted Devices for Spinal Stenosis
- Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)
- Implanted Artificial Iris Devices
- Implanted Port Delivery Systems to Treat Ocular Disease
- Implantable Infusion Pumps
- Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
- Intracardiac Ischemia Monitoring
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Keratoprosthesis
- Leadless Pacemaker
- Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
- Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- Lysis of Epidural Adhesions
- Mandibular/Maxillary (Orthognathic) Surgery
- Manipulation Under Anesthesia
- Mastectomy for Gynecomastia
- Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- Meniscal Allograft Transplantation of the Knee
- Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis
- Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring
- Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
- Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- Panniculectomy and Abdominoplasty
- Partial Left Ventriculectomy
- Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
- Penile Prosthesis Implantation
- Percutaneous and Endoscopic Spinal Surgery
- Percutaneous Neurolysis for Chronic Neck and Back Pain
- Percutaneous Vertebral Disc and Vertebral Endplate Procedures
- Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- Perirectal Spacers for Use During Prostate Radiotherapy

- Photocoagulation of Macular Drusen
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Private Duty Nursing in the Home Setting
- Reduction Mammaplasty
- 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
- Sacroiliac Joint Fusion, Open
- Self-Expanding Absorptive Sinus Ostial Dilation
- Sipuleucel-T (Provenge®) Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer
- Surgical and Ablative Treatments for Chronic Headaches
- Therapeutic Apheresis
- Total Ankle Replacement
- Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins
- Transcatheter Heart Valve Procedures
- Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
- Transmyocardial/Perventricular Device Closure of Ventricular Septal Defects
- Treatment of Osteochondral Defects
- Treatment of Temporomandibular Disorders
- Treatments for Urinary Incontinence
- Treatment of Varicose Veins (Lower Extremities)
- Vagus Nerve Stimulation
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome and Varicocele
- Venous Angioplasty with or without Stent Placement/ Venous Stenting
- Viscocanalostomy and Canaloplasty
- Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing
- Wearable Cardioverter-Defibrillator

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.)

Radiation Therapy/ Radiology Services

- Catheter-based Embolization Procedures for Malignant Lesions Outside the Liver

- Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver
- Intensity Modulated Radiation Therapy (IMRT)
- MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- Proton Beam Therapy
- Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
- Xofigo (Radium Ra 223 Dichloride)

Carelon Medical Benefits Management

Members may have benefit plans with specialty services medically managed as part of **Carelon Medical Benefits Management**. Carelon Medical Benefits Management, Inc.*, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Anthem for certain health plan members. For more information, or to determine if preapproval is needed contact the phone number on the back of the member ID card, or via the provider portal @ https://www.providerportal.com

You may also call Carelon toll-free at 866-714-1103, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET, or the Carelon Medical Benefits Management website at https://guidelines.carelonmedicalbenefitsmanagement.com

**Note: For procedures managed by Carelon, those designated precertification requirements apply to Carelon Program eligible members only.*

Carelon Medical Benefit Management provides benefits management for the programs listed below:

> Cardiovascular Services
> Diagnostic Imaging Management
> Genetic Testing
> Musculoskeletal (MSK) Program and Site of Care
> Oncology Drugs
> Outpatient Sleep Testing and Therapy Services

Anthem National Accounts
2024 Standard Precertification List

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

** 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.