

2023 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

Applies to Active and Early Retiree Members Only

HOSPITAL ADMISSION *(applies to facilities only)*

Pre-Certification for Hospital Admission is required for the following admission types. Please call Anthem Pre-Certification at 1-877-771-0714, Option 1.

- All Elective/Planned Acute Care Admissions*
- All Emergency/Unplanned Acute Care Admissions**
- All Rehabilitation Inpatient Admissions
- All Skilled Nursing Facility Admissions
- All Admissions Following Initial Observation Care
- All Admissions Following Outpatient Procedures
- OB Delivery Stays beyond the Federal Mandate minimum LOS

*** Emergency hospital admission requires that you call for pre-certification within 1 business day (Excludes weekends and holidays).*

** Elective/planned admission requires that you call for pre-certification as soon as you know that you will be hospitalized.*

OUTPATIENT SERVICES

Pre-Certification is required for the outpatient services below. Please call for Anthem Pre-Certification at 1-877-771-0714, Option 1.

- Air Ambulance (excludes 911 initiated emergency transport)
- Abdominoplasty, Panniculectomy, Diastasis Recti Repair
- Ablative Techniques as a Treatment for Barrett's Esophagus
- Artificial Intervertebral Discs
- Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- Balloon Sinuplasty
- Bariatric Surgery
- Bone-Anchored Hearing Aids
- Brachioplasty
- Breast Procedures; including Reconstructive Surgery, Implants, Reduction, Mastectomy for Gynecomastia and other Breast Procedures
- 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
- Chin Implant, Mentoplasty, Osteoplasty Mandible
- Cochlear Implants and Auditory Brainstem Implants
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
- Corneal Collagen Cross-Linking
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Deep Brain, Cortical, and Cerebellar Stimulation

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- Diaphragmatic/Phrenic Nerve Stimulation pacing systems
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Electric Tumor Treatment Field (TTF)
- Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities)
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Functional Endoscopic Sinus Surgery
- Gastric Electrical Stimulation
- Gender Affirming Surgery
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Immunoprophylaxis for respiratory syncytial virus (RSV)/ Synagis (palivizumab)
- Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
- Implantable or Wearable Cardioverter-Defibrillator
- Implantable Infusion Pumps
- Implantable Middle Ear Hearing Aids
- Implanted Devices for Spinal Stenosis
- Implanted Spinal Cord Stimulators (Epidural and Subcutaneous)
- Insertion/injection of prosthetic material collagen implants
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Keratoprosthesis
- Leadless Pacemaker
- Liposuction/lipectomy
- Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
- Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
- Lumbar spinal surgeries
- Lumbar Discoraphy
- Lung Volume Reduction Surgery
- Lysis of Epidural Adhesions
- Mandibular/Maxillary (Orthognathic) Surgery
- Manipulation Under Anesthesia of the Spine and Joints other than the Knee
- Mastectomy for Gynecomastia
- Maze Procedure
- Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- Mechanical Embolectomy for Treatment of Acute Stroke
- Meniscal Allograft Transplantation of the Knee
- MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
- Oral, Pharyngeal & Maxillofacial Surgical Treatment for Obstructive Sleep Apnea

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- Surgical Treatment of Migraine Headaches
- Occipital nerve stimulation
- Orthognathic Surgery (Mandibular/Maxillary)
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- Partial Left Ventriculectomy
- Penile Prosthesis Implantation
- Percutaneous and Endoscopic Spinal Surgery
- Percutaneous Neurolysis for Chronic Neck and Back Pain
- Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- Percutaneous Spinal Procedures
- Perirectal Spacers for Use During Prostate Radiotherapy (Space Oar)
- Photocoagulation of Macular Drusen
- Plastic/Reconstructive surgeries
 - Abdominoplasty, Panniculectomy, Diastasis Recti Repair
 - 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
- Reduction Mammoplasty
- Repair of Pectus Excavatum / Carinatum
- Rhinoplasty
- Skin-Related Procedures
- 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 (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
- Septoplasty
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)

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- Subtalar Arthroereisis
- Suprachoroidal Injection of a Pharmacologic Agent
- Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other GU Conditions
- Surgical and Ablative Treatments for Chronic Headaches
- Surgical Treatment of Obstructive Sleep Apnea and Snoring
- Therapeutic Apheresis
- Thoracoscopy for Treatment of Hyperhidrosis
- Tonsillectomy in Children
- Total Ankle Replacement
- Transanal Hemorrhoidal Dearterialization (THD)
- Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation (Radiofrequency and Cryoablation)
- Transcatheter Closure of Cardiac Defects
- Transcatheter Uterine Artery Embolization
- Transcatheter Heart Valve Procedures
- Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects
- Transtympanic Micropressure for the Treatment of Ménière's Disease
- Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
- Treatment of Hyperhidrosis
- Treatment of Obstructive Sleep Apnea, UPPP, Nasal Surgery
- Treatment of Osteochondral Defects of the Knee and Ankle
- Treatment of Temporomandibular Disorders
- Treatment of Varicose Veins (Lower Extremities)
- Treatments for Urinary Incontinence
- Vagus Nerve Stimulation
- Venous Angioplasty with or without Stent Placement/ Venous Stenting
- Viscocanalostomy and Canaloplasty

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
- Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management
- Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- Preimplantation Genetic Diagnosis Testing
- Prostate Saturation Biopsy
- Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders

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DURABLE MEDICAL EQUIPMENT (DME)/PROSTHETICS

- Augmentative and Alternative Communication (AAC) Devices/ Speech Generating Devices (SGD)
- Bone Growth Stimulation: Electrical or Ultrasound
- Communication Assisting / Speech Generating Devices
- External (Portable) Continuous Insulin Infusion Pump & Implantable Infusion Pumps
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Implantable or Wearable Cardioverter-Defibrillator
- 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
- Prosthetics: Electronic or externally powered and select other prosthetics- (myoelectric-UE)
- Standing Frame
- Transtympanic Micropressure for the Treatment of Ménière's Disease
- Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power
- Wheeled Mobility Devices: Wheelchairs
- Wound Care Negative Pressure Pump

HUMAN ORGAN AND BONE MARROW/STEM CELL TRANSPLANTS

Pre-Certification is required for the outpatient services below. Please call for Anthem Pre-Certification at 1-877-771-0714, Option 1.

- 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
 - Intrathecal treatment of Spinal Muscular Atrophy (SMA)
 - (CAR) T-cell immunotherapy treatment

MENTAL HEALTH/SUBSTANCE ABUSE (MHSA):

Pre-Certification is required for the outpatient services below. Please call for Anthem Pre-Certification at 1-877-771-0714, Option 1.

- Acute Inpatient Admissions
- Electric Convulsive Therapy (ECT)
- Intensive Outpatient Therapy (IOP)
- Partial Hospitalization (PHP)
- Residential Care
- Transcranial Magnetic Stimulation (TMS)

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RADIOLOGICAL IMAGING

Pre-Certification for Hospital Admission is required for the following admission types. Please call Telligen Pre-Certification at 1-877-771-0714, Option 2

COMPUTED TOMOGRAPHY (CT)

Abdomen, Chest, Upper Extremity, Lower Extremity, Head, Orbit, Sinus, Neck, Pelvis, Cervical Spine, Thoracic Spine, Lumbar Spine, Abdomen and Pelvis,

LOW-DOSE CT SCAN

COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)

Abdomen, Abdominal Arteries, Chest, Upper Extremity, Lower Extremity, Head, Neck, Pelvis

MAGNETIC RESONANCE IMAGING (MRI)

Abdomen, Bone Marrow, Breast, Chest, Upper Extremity Non-joint, Upper Extremity Any Joint, Lower Extremity, TMJ, Orbit, Brain, Pelvis, Cervical Spine, Thoracic Spine, Lumbar Spine, Fetal,

MAGNETIC RESONANCE ANGIOGRAPHY (MRA)

Abdomen, Chest, Upper Extremity, Lower Extremity, Head, Neck, Pelvis, Spinal Canal

MAGNETIC RESONANCE SPECTROSCOPY (MRS)

MR Spectroscopy, QCT Bone Densitometry

POSITRON EMISSION TOMOGRAPHY (PET)

Brain, Myocardial Imaging, PET and PET/CT Fusion, Screening CT Colonoscopy, Diagnostic CT Colonography, Functional MRI Brain, CT Heart for Calcium Scoring, CT Heart for Structure and Morphology, CTA Heart, ZIncluding Structure and Morphology, Add-on Procedures, CT or MRI Grouping, Cardiac MRI Grouping, Cardiac Blood Pool Grouping, Group 82 valid only with code 78472 only (Add on code)

COMPLETE SLEEP PROGRAM

Pre-Certification is required for the services below. Please call the Complete Sleep Program for Pre-Certification at phone number 1-877-771-0714 Option 3 .

- All Sleep Studies (polysomnography, home sleep tests, titrations, etc.)
- CPAP, B-Level and other PAP Therapy Equipment and Supplies
- Oxygen Concentrators (After 60-days Letter of Medical Necessity is required)

DEPOT DRUG

Pre-Certification is required for the services below. Please fax prescription request and supporting clinical documentation to Fax 801-595-4440.

- Continuous Glucose Monitors
- Omniopod 5 Insulin Pump

**You will be notified by the pharmacy for medication prescriptions that require Pre-Certification.*



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OTHER SERVICES REQUIRING PRE-CERTIFICATION FOR CARE COORDINATION

Pre-Certification is required for the services below. Please fax request and clinical to Fax 833-291-2360.

- Home Health Care including wound care/therapy
 - Wound Care Negative Pressure Pump E2402
- Home Infusion Care including TPN/Enteral Therapy
- Dialysis
- Tens Units
- Orthotics (second pair or replacements only).
- Oral Appliances for Sleep Apnea E0486
- Additional PT, OT and Chiropractic Visits

ACTIVES: PT, OT and Chiro are a combined annual 30 visit maximum. Any visits beyond the maximum require medical necessity review by an Iron Road Care Coordinator. Additional UPREHS approved visits are covered at 50% of plan allowable. Member is responsible for remaining amount.

EARLY RETIREES: PT and OT only is a combined benefit with an annual \$1500 maximum. Any visits beyond the maximum requires medical necessity review by a UPREHS Care Coordinator. Additional approved visits are covered at 50% of plan allowable. Member is responsible for remaining amount.