



## 2024 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

## 2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

**Applies to Active and Early Retiree Members Only**

- 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

## **2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES**

**Applies to Active and Early Retiree Members Only**

- 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)

## 2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

**Applies to Active and Early Retiree Members Only**

- 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

## 2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

**Applies to Active and Early Retiree Members Only**

### **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)

## 2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

**Applies to Active and Early Retiree Members Only**

### 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.*



---

## 2024 IRHC PRE-CERTIFICATION LIST INPATIENT AND OUTPATIENT SERVICES

*Applies to Active and Early Retiree Members Only*

### 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.