



Anthem Blue Cross and Blue Shield GA Preapproval List Change Notification 2/1/2019

AIM Specialty Health®

AIM Specialty Health, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of GA for certain health plan members. Determine if preapproval is needed for a GA member by clicking the “Medical Policy, Clinical UM Guidelines, and Preapproval Requirements” link on our provider website or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact AIM online via AIM’s ProviderPortalsm at aimspecialtyhealth.com/goweb. From the drop-down menu, select GA. You may also call AIM toll-free at 866-714-1103, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.

AIM provides benefits management for the programs listed below:

- > Imaging Level of Care
- > Genetic Testing
- > Diagnostic Imaging Management
- > Cardiovascular Services
- > Radiation Therapy Services
- > Outpatient Sleep Testing and Therapy Services
- > Specialty Pharmacy Drugs
- > Cancer Care Quality Program
- > Musculoskeletal (for Fully Insured – effective date yet to be determined))
- > Upper Gastrointestinal Endoscopy (effective 11/1/2018)

For more details on these programs, please visit the AIM Specialty Health® site at <http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html>. By clicking on the link above, you will be linked to sites created and/or maintained by another, separate entity (“External Site”). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites. The information contained on the External Sites should not be interpreted as medical advice or treatment provided by us.

New AIM Musculoskeletal (MSK) Program Delay in launch for Fully Insured – effective date yet to be determined

The December 2017 edition of the Network Update announced that AIM Specialty Health® (AIM), a separate company, would perform prior authorization reviews of certain surgeries of the spine and joints, as well as interventional pain treatment to determine medical necessity for fully insured Anthem Blue Cross and Blue Shield members. Please be aware that this program has been delayed. The new implementation date is yet to be determined.

The new musculoskeletal program includes review of the level of care/setting, pre-operative days, and expected length of stay for medical necessity using AIM clinical guidelines which have been adopted by Anthem Blue Cross and Blue Shield. All codes and clinical guidelines included in the musculoskeletal program can be found on the AIM MSK website. If there are any additional delays to this program, we will publish notification to providers in a future Network Update.

Eligibility and benefits

Eligibility and benefits can be verified by accessing the Anthem Blue Cross and Blue Shield web site or by calling the number on the back of the member’s identification card. Service preapproval is based on member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract effective dates. The provider is responsible for verification of member eligibility and covered benefits. Except in the case of an emergency, failure to obtain preapproval prior to rendering the designated services listed below will result in denial of reimbursement.

For Fully Insured - reviews moving to AIM Musculoskeletal (MSK) Program effective date yet to be determined		
SURG.00067	Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	Yet to be determined
SURG.00071	Percutaneous and Endoscopic Spinal Surgery	Yet to be determined
SURG.00072	Lysis of Epidural Adhesions	Yet to be determined
SURG.00092	Implanted Devices for Spinal Stenosis	Yet to be determined

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SURG.00111	Axial Lumbar Interbody Fusion	Yet to be determined
SURG.00127	Sacroiliac Joint Fusion	Yet to be determined
SURGERY	Hip Replacement, Shoulder Replacement and Spinal Surgery	Yet to be determined
CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	Yet to be determined
For Fully Insured moving to AIM Musculoskeletal (MSK) Program – effective date yet to be determined For groups not using AIM Musculoskeletal (MSK) Program - archiving 1/1/2019		
SURG.00066	Percutaneous Neurolysis for Chronic Neck and Back Pain	
CG-SURG-32	Pain Management: Cervical, Thoracic and Lumbar Facet Injections	
CG-SURG-33	Lumbar Fusion and Lumbar Total Disc Arthroplasty (TDA)	
CG-SURG-38	Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy	
CG-SURG-39	Pain Management: Epidural Steroid Injections	
CG-SURG-42	Cervical Fusion	
CG-SURG-43	Knee Arthroscopy	
CG-SURG-45	Bone Graft Substitutes	
CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	
CG-SURG-53	Elective Total Hip Arthroplasty	
CG-SURG-54	Elective Total Knee Arthroplasty	
CG-SURG-60	Cervical Total Disc Arthroplasty	
CG-SURG-65	Recombinant Human Bone Morphogenetic Protein	
CG-SURG-67	Treatment of Osteochondral Defects of the Knee and Ankle	
CG-SURG-68	Surgical Treatment of Femoroacetabular Impingement Syndrome	
CG-SURG-69	Meniscal Allograft Transplantation of the Knee	
Codes transitioning to AIM		
CG-DME-40 Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton	20975, E0749, E0748	1/1/2019
Codes replacing other codes in existing preapproval documents 12/27/2018		
MED.00115 Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management	Add 33289 and 93264	Remove 93799 and C9741
CG-BEH-02 Adaptive Behavioral Treatment for Autism Spectrum Disorder	Add 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Remove 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T
CG-MED-74 Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Add 33285	Remove 33282
Add to preapproval		
SURG.00104 Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis	0510T, 0511T	Add 4/1/2019
MED.00125 Biofeedback and Neurofeedback	90875, 90876, 90901, 90911, E0746	Add 3/1/2019

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SURG.00122 Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	36010, 36011, 36012, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 37238, 37239, 37241, 37248, 37249, 37252, 75710, 75820, 75825	Add 1/1/2019
CG-MED-59 Upper Gastrointestinal Endoscopy	43233, 43235, 43236, 43238, 43239, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43266	Add 11/1/2018
Codes added to existing preapproval documents		
ANC.00007 Cosmetic and Reconstructive Services: Skin Related	17999	Add 1/1/2019
CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring	95999	Add 3/1/2019
CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	00797, 43659, 43999	Add 11/1/2018
OTHER - Bariatric Surgery and Other Treatments for Clinically Severe Obesity	43620, 43621, 43622, 43631, 43634, 43635, 43640, 43641	Add 11/1/2018
Remove preapproval requirement		
CG-DME-35	Electric Breast Pumps	1/1/2019
CG-MED-02	Esophageal pH Monitoring	1/1/2019
CG-SURG-09	Temporomandibular Disorders	1/1/2019
CG-SURG-30	Tonsillectomy with or without Adenoidectomy for Children	1/1/2019
CG-SURG-34	Diagnostic Infertility Surgery	1/1/2019
Archive - Reviews moved to AIM		
CG-MED-58	Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI	1/1/2019