

## **Anthem Georgia preapproval list change notification 9/1/2020**

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### **AIM Specialty Health®**

AIM Specialty Health, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Anthem for certain health plan members. Determine if preapproval is needed for a Georgia Anthem member by visiting the “[Medical Policy and Clinical UM Guidelines](#)” page 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 ProviderPortal at [aimspecialtyhealth.com/goweb](https://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
- Cancer Care Quality Program
- Musculoskeletal (for Fully Insured)
- Upper Gastrointestinal Endoscopy

For more details on these programs, please visit the AIM Specialty Health® site at [aimspecialtyhealth.com/marketing/guidelines/185/index.html](https://aimspecialtyhealth.com/marketing/guidelines/185/index.html). By clicking on the previous links, you will be directed 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.

## Eligibility and benefits

Eligibility and benefits can be verified by through [anthem.com/provider](https://www.anthem.com/provider) 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.

MED.00132 Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	11950, 11951, 11952, 11954, 15771, 15772, 15773, 15774, 31574, C1878, L8607, 0489T, 0490T, 0565T, 0566T, G0429, Q2026, Q2028	Add 11/1/2020
MED.00133 Ingestion Event Monitors	99199, A9279	Add 11/1/2020
THER-RAD.00012 Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	77299, 77399	Add 11/1/2020

<b>Codes added to existing preapproval documents</b>		
CG-GENE-12 PIK3CA Mutation Testing for Malignant Conditions	0177U	Add 7/1/2020
CG-GENE-14 Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	81120, 81121, 81245, 81246, 81272, 81314, 0023U, 0046U, 0154U	Add 11/1/2020
CG-GENE-16 BRCA Testing for Breast and/or Ovarian Cancer Syndrome	0172U	Add 7/1/2020
DME.00009 Vacuum Assisted Wound Therapy in the Outpatient Setting	97607, 97608, A9272	Add 5/21/2020
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	0278T	Add 11/1/2020
GENE.00010 Panel and other Multi- Gene Testing for Polymorphisms to Determine Drug- Metabolizer Status	0173U, 0175U	Add 7/1/2020
GENE.00049 Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)	0179U	Add 7/1/2020
LAB.00011 Analysis of Proteomic Patterns	0174U	Add 7/1/2020

MED.00004 Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	96931, 96932, 96933, 96934, 96935, 96936	Add 11/1/2020
MED.00129 Gene Therapy for Spinal Muscular Atrophy	J3399	Add 7/1/2020
SURG.00010 Treatments for Urinary Incontinence	0596T, 0597T	Add 7/1/2020
SURG.00011 Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Q4227-Q4242, Q4244-Q4248	Add 7/1/2020
SURG.00126	0600T, 0601T	Add 7/1/2020
SURG.00132	C9122	Add 7/1/2020

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