

Anthem Georgia preapproval list change notification 1/1/2021

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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. 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. 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.

| Add to preapproval | | |
|--|---|-------------------|
| GENE.00055 Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity | 0203U , 81479, 81599 | Added 4/1/2021 |
| LAB.00037 Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) | 0164U, 0176U | Added 4/1/2021 |
| SURG.00158 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain | 64555, 64575, 64590, C1767, C1778, C1787, L8679, L8680, L8683 | Added 4/1/2021 |

| Codes added to existing preapproval documents | | |
|---|---|--|
| CG-GENE-04 Molecular Marker Evaluation of Thyroid Nodules | 0208U, 0204U, 81546 | Added 0208U, 0204U 4/1/2021 Added 81546 1/1/2021, New Code |
| CG-GENE-18 Genetic Testing for TP53 Mutations | 81351, 81352, 81353 | Added 1/1/2021, New Codes |
| CG-MED-23 Home Health | G0068, G0069, G0070, G0088, G0089, G0090 | Added 1/1/2021, New Codes |
| GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling | 81419, 0237U, 0238U | Added 1/1/2021, New Codes |
| SURG.00011 Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting | 0627T, 0628T, 0629T, 0630T | Added 1/1/2021, New Codes |
| SURG.00145 Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts) | 33995 | Added 1/1/2021, New Codes |
| CG-BEH-01 Assessment of Autism Spectrum Disorders and Rett Syndrome | 33995 | Added 1/1/2021, New Codes |
| CG-SURG-95 Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention | C1883 | Added C1883 4/1/2021 |

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| GENE.00003 Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease | 0206U, 0207U | Added 0206U, 0207U 4/1/2021 |
| GENE.00049 Circulating Tumor DNA Testing for Cancer (Liquid Biopsy) | 0229U, 0239U | Added 1/1/2021, New Codes |
| CG-GENE-01 Janus Kinase 2, CALR and MPL Gene Mutation Assays | 81279, 81338, 81339 | Added 1/1/2021, New Codes |
| CG-GENE-08 Genetic Testing for PTEN Hamartoma Tumor Syndrome | 0235U | Added 1/1/2021, New Codes |
| CG-GENE-13 Genetic Testing for Inherited Diseases | 0230U, 0231U, 0232U, 0233U, 0234U, 0236U | Added 1/1/2021, New Codes |
| CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring | 30468 | Added 1/1/2021, New Codes |
| GENE.00023 Gene Expression Profiling of Melanomas | 81529 | Added 1/1/2021, New Codes |
| SURG.00151 Balloon Dilation of Eustachian Tubes | 69705, 69706 | Added 1/1/2021, New Codes |
| CG-GENE-14 | 81191, 81192, 81193, 81194 | Added 1/1/2021, New Codes |

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URL: <https://providernews.anthem.com/georgia/article/anthem-georgia-preapproval-list-change-notification-112021>

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