

# Services that require precertification

Precertification list effective date: January 1, 2024

This applies to services performed on an elective, non-emergency basis. Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded. For your reference, we have published a list of medical codes for services that require precertification, which is available on our [Medical Policy Portal](#).

## Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

## Cardiology procedures†

- Arterial ultrasound
- Diagnostic coronary angiography
- Percutaneous coronary intervention

## Procedures

- Bone graft substitutes and bone morphogenetic proteins for spine surgery†
- Cervical decompression with or without fusion†
- Cervical disc arthroplasty†
- Cochlear implant surgery
- Hip arthroplasty†
- Hip arthroscopy and open procedures†
- Knee arthroplasty†
- Knee arthroscopy and open procedures†
- Lumbar disc arthroplasty†
- Lumbar discectomy, foraminotomy, and laminotomy†
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis)†
- Lumbar laminectomy†
- Meniscal allograft transplantation of the knee†
- Obesity surgery
- Shoulder arthroplasty†
- Shoulder arthroscopy and open procedures†
- Treatment of osteochondral defects†
- Vertebroplasty/kyphoplasty†

## Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or subcutaneous tissue
- Gender-affirming interventions
- Genetically and bioengineered skin substitutes for wound care
- Gynecomastia
- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

## Day rehabilitation programs

## Elective (nonemergency) ground, air, and sea ambulance transportation

## Outpatient private-duty nursing

## Outpatient radiation therapy\*

## Interventional pain management services†

- Epidural injection procedures and diagnostic selective nerve root blocks
- Paravertebral facet injection/nerve block/neurolysis
- Regional sympathetic nerve block
- Sacroiliac joint injections
- Implanted spinal cord stimulators

## Radiology†

- Computed tomography (CT)
- Computed tomography angiography (CTA)
- Echocardiography services
  - Resting transthoracic echocardiography (TTE)
  - Stress echocardiography (SE)
  - Transesophageal echocardiography (TEE)
- Magnetic resonance angiography (MRA)
- Magnetic resonance imaging (MRI)
- Nuclear cardiology
- Positron emission tomography (PET) scans

## Home-care services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy

## Prosthetics/orthoses

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components
- Repair or replacement of all prosthetics/orthoses that require precertification

## Select durable medical equipment (DME)

- Bone growth stimulators
  - Low intensity ultrasound noninvasive bone growth stimulation
  - Other than spinal noninvasive electrical bone growth stimulation
  - Spinal noninvasive electrical bone growth stimulation†
- Bone-anchored (osseointegrated) hearing aids
  - Bone conduction hearing aids
  - Cochlear implants
- Continuous positive airway pressure (CPAP) devices and bi-level positive airway pressure (Bi-PAP) devices, and all supplies†
- Dynamic adjustable and static progressive stretching devices (excludes continuous passive motion (CPM) machines)

- Electric, power, and motorized wheelchairs, including custom accessories
- Insulin pumps
- Manual wheelchairs with the exception of those that are rented
- Negative-pressure wound therapy
- Neuromuscular stimulators
- Power-operated vehicles (POVs)
- Pressure-reducing support surfaces, including:
  - Air-fluidized beds
  - Non-powered advanced pressure reducing mattresses
  - Powered air-flotation beds (low air loss therapy)
  - Powered pressure-reducing mattresses
- Push rim activated power assist devices
- Repair or replacement of all DME items that require precertification
- Speech-generating devices

## Medical foods

## Hyperbaric oxygen therapy

## Proton beam therapy\*

## In-lab/facility sleep studies†

## Transplants

All transplant procedures, with the exception of corneal transplants

## Mental health/serious mental illness/ substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (rTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

## Autism spectrum disorders

Applied behavioral analysis

\* Precertification review may be provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member's employer group.

† Precertification may be performed by Carelon Medical Benefits Management (Carelon), an independent company. Precertification review benefit varies based on decision by member's employer group.

# Genetic and genomic tests requiring precertification\*

The following list is a guide to the types of genetic and genomic tests that require precertification. Due to the volume of tests, it is not possible to list each test separately. To determine if a test requires precertification, please see the complete [procedure code list](#) for details.

## Hereditary cancer syndromes

- BRCA gene testing (breast and ovarian cancer syndrome)
- Lynch syndrome gene testing
- Familial adenomatous polyposis gene testing
- PTEN gene testing (Cowden syndrome)
- General cancer type panels (such as colon, breast, or neuroendocrine cancers)

## Hereditary heart diseases

- Long QT syndrome gene testing
- Aortic dilation or aneurysm syndrome testing (includes Marfan syndrome)

## Other full gene analysis testing

- Cystic fibrosis full gene sequencing and deletion/duplication analysis
- PMP22 full gene sequencing and deletion/duplication analysis (Charcot-Marie-Tooth, hereditary neuropathy)

## Tests for many genetic disorders simultaneously

- Expanded carrier screening panels (such as Carrier Status DNA Insight®, Counsyl Family Prep Screen, Pan-Ethnic Carrier Screening)
- Hearing loss panels
- Intellectual disability panels
- Noonan spectrum disorders panels

## Specialty oncology tests

- Cancer gene expression or protein signature tests (such as OncotypeDX®, MammaPrint®, Afirma®, Prosigna®, HeproDX™)
- Tumor molecular profiling (such as FoundationOne®, neoTYPE™, OncoPlexDx®, and many others)
- Tissue of origin testing (for cancer of unknown primary)
- PCA3 testing for prostate cancer

## Pharmacogenomic tests

- Cytochrome P450 metabolism gene testing (CYP2D6, CYP2C9, CYP2C19)
- Specialized drug response gene panels (such as Assurex GeneSight®, GeneTrait, Genecept®, Millennium PGTSM)
- Warfarin response testing
- MGMT methylation analysis for glioblastoma

## Other specialty tests

- Coronary artery disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6, MTHFR)

## Genome-wide tests

- Microarray studies
- Whole exome testing
- Whole genome testing
- Mitochondrial genome or nuclear testing

**ANY genetic test for more than one gene or condition (often includes words like “panel” or “comprehensive” in the name)**

**ANY genetic test that will be billed with a non-specific procedure code**

- Billed with CPT® codes 81400 – 81408
- Billed with an unlisted code: 81479, 81599, 84999

# Specialty drugs that require precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

See [this list](#) for information on Direct Ship.

## Amyotrophic lateral sclerosis agents

- debamestrocel\*

## Antineoplastic agents/chemotherapy

- Abraxane<sup>®</sup> (paclitaxel protein-bound particles)
- Adcetris<sup>®</sup> (brentuximab vedotin)
- Adstiladrin<sup>®</sup> (nadofaragene firadenovec)
- AlymSYS<sup>®</sup> (bevacizumab)  
(except for ophthalmological conditions)
- Avastin<sup>®</sup>† (bevacizumab)  
(except for ophthalmological conditions)
- Azedra<sup>®</sup>‡ (iobenguane I-131)
- Blincyto<sup>®</sup> (blinatumomab)
- Cyramza<sup>®</sup> (ramucirumab)
- Darzalex<sup>®</sup> (daratumumab)
- Darzalex Faspro<sup>™</sup> (daratumumab/hyaluronidase-fihj)
- Elahere<sup>®</sup> (mirvetuximab soravtansine-gynx)
- Elrexfio<sup>™</sup> (elranatamab-bcmm)
- Enhertu (fam-trastuzumab-deruxtecan-nxki)
- epcoritamab\*
- Erbitux<sup>®</sup> (cetuximab)
- Erwinaze<sup>®</sup> (asparaginase Erwinia chrysanthemi)
- glofitamab\*
- Herceptin<sup>®</sup>† (trastuzumab)
- Herceptin Hylecta<sup>™</sup> (trastuzumab)
- Herzuma<sup>®</sup> (trastuzumab-pkrb)
- Imjudo<sup>®</sup> (tremelimumab)
- Kadcyca<sup>®</sup> (ado-trastuzumab emtansinel)
- Kimmtrak<sup>®</sup> (tebentafusp-tebn)
- Kyprolis<sup>®</sup> (carfilzomib)
- Lunsumio<sup>™</sup> (mosunetuzumab-axgb)
- Margenza<sup>™</sup> (margetuximab)
- mirvetuximab soravtansine\*
- Monjuvi<sup>®</sup> (tafasitamab-cxix)
- mosunetuzumab\*
- nogapendekin alfa inbakicept\*
- Ogivri<sup>™</sup> (trastuzumab-dkst)
- Ontruzant<sup>®</sup> (trastuzumab-dttb)
- Opdualag<sup>™</sup> (nivolumab and relatlimab-rmbw)
- Padcev<sup>™</sup> (enfortumab vedotin-ejfv)
- Pefexy<sup>™</sup> (pemetrexed)
- Perjeta<sup>®</sup> (pertuzumab)
- Phesgo<sup>™</sup> (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Pluvicto<sup>™</sup>‡ (Lutetium Lu 177 vipivotide tetraxetan)
- Polivy<sup>™</sup> Polatuzumab vedotin-piiq
- Poteligeo<sup>™</sup> (mogamulizumab)
- Provenge<sup>®</sup> (sipuleucel-T)
- Riabni (rituximab-arrx)
- Rituxan<sup>®</sup>† (rituximab)
- Rituxan Hycela<sup>™</sup> (rituximab/hyaluronidase human)
- Rybrevant (amivantamab-vmjw)
- Rylaze<sup>™</sup> (asparaginase Erwinia chrysanthemi [recombinant]-rywn)
- Sarclisa (isatuximab-irfc)

- Taclantis\* (paclitaxel injection concentrate for suspension)
- Talvey<sup>™</sup> (talquetamab-tgvs)
- teclistamab\*
- Tecvayli<sup>™</sup> (teclistamab)
- Tivdak<sup>™</sup> (tisotumab vedotin-tftv)
- tremelimumab\*
- Trodelvy<sup>™</sup> (sacituzumab govitecan-hziy)
- Vegzelma<sup>®</sup> (bevacizumab-adcd)  
(except for ophthalmological conditions)
- Xofigo<sup>®</sup>‡ (radium Ra 223)
- Yervoy<sup>™</sup> (ipilimumab)
- Zepzelca<sup>™</sup> (lurbinectedin)
- Zevalin<sup>®</sup>‡ (ibritumomab tiuxetan)
- zolbetuximab\*
- Zynlonta (loncastuximab tesirine)

## Anti-PD-1/PD-L1 human monoclonal antibodies\*/chemotherapy

- Bavencio<sup>®</sup> (avelumab)
- camrelizumab
- cosibelimab
- Imfinzi<sup>™</sup> (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda<sup>™</sup> (pembrolizumab)
- Libtayo<sup>®</sup> (cemiplimab-rwlc)
- Opdivo<sup>®</sup> (nivolumab)
- penpulimab\*
- Tecentriq<sup>™</sup> (atezolizumab)
- tislelizumab\*
- toripalimab\*
- Zynyz<sup>®</sup> (retifanlimab)

## Bone-modifying agents

- Evenity<sup>®</sup> (romosozumab-aqqg)
- Prolia<sup>®</sup> (denosumab)
- Xgeva<sup>®</sup> (denosumab)

## Botulinum toxin agents

- Botox<sup>®</sup> (onabotulinumtoxinA)

## Chimeric antigen receptor (CAR-T) therapies/chemotherapy\*\*

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti™ (ciltacabtagene autoleucel)
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

## Endocrine/metabolic agents

- Acthar H.P.® (corticotropin)
- Lutathera®‡ (lutetium Lu 177 dotatate)/chemotherapy
- Sandostatin® LAR (octreotide)/chemotherapy
- Somatuline® depot (lanreotide)/chemotherapy

## Enzyme replacement agents\*\*

- Aldurazyme® (laronidase)
- apadamtase alfa/cinaxadamtase alfa
- Brineura™ (cerliponase alfa)
- Cerezyme® (imiglucerase)
- cipaglucoasidase alfa\*
- Elaprase® (idursulfase)
- Elelyso® (taliglucerase alfa)
- Elfabrio® (pegunigalsidase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lamzede® (velmanase alfa-tycv)
- Lumizyme® (alglucosidase alfa)
- Mepsevii™ (vestronidase alfa-vjbc)
- Naglazyme® (galsulfase)
- Nexviazyme® (avalglucosidase alfa)
- Revcovi™ (elapegademase-lvlr)
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)
- Xenpozyme® (olipudase alfa)

## Gene replacement/gene editing therapy\*\*

- Elevidys (delandistrogene moxparvovec-rokl)
- exagamglogene autotemcel
- fidanacogene elaparvovec
- Hemgenix® (etranacogene dezparvec)
- lovetibeglogene autotemcel
- Luxturna™ (voretigene neparvovec-rzyl)
- Roctavian® (valoctocogene roxaparvovec)
- Skysona™ (elivaldogene autotemcel)
- Vyjuvek® (beremagene geperpavec)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo® (betibeglogene autotemcel)

## Hemophilia/coagulation factors\*\*

### Hyaluronate acid products

- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synjoynt™
- Triluron™
- TriVisc™
- VISCO-3®

### Immunological agents

- Actemra® IV (tocilizumab)
- Avsola™ (infliximab-axxq)
- Benlysta® IV (belimumab)
- Entyvio™ (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab-asmn)
- Infliximab (unbranded)
- Ixifi™ (infliximab-qbtx)
- mirikizumab\*
- Orencia® IV (abatacept)
- Remicade®† (infliximab)
- Renflexis™ (infliximab-abda)
- Saphnelo™ (anifrolumab)
- Simponi® Aria (golimumab for infusion)
- Skyrizi® IV\* (risankizumab-rzaa)
- Spevigo® (spesolimab)
- Stelara® (ustekinumab)

## Intravenous immune globulin/subcutaneous immune globulin (IVIG/SCIG)\*\*

### Multiple sclerosis agents\*\*

- Briumvi™ (ublituximab-xiiv)
- Lemtrada® (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Tyruko® (natalizumab-sztn)
- Tysabri® (natalizumab)
- ublituximab\*

### Myasthenia Gravis Agents

- Rystiggo® (rozanolixizumab-noli)
- Vyvgart® (efgartigimod alfa-fcab)
- Vyvgart® Hytrulo (efgartigimod alfa-fcab and hyaluronidase-gvfc)

## Neutropenia

- efbemalenograstim\*
- Fulphila™ (pegfilgrastim-jmbd)
- Fylnetra® (pegfilgrastim-pbbk)
- Granix® (tbo-filgrastim)
- Lapelga\*
- Neupogen® (filgrastim)
- Releuko™ (filgrastim-ayow)
- Rolvedon™ (eflapegrastim)
- Stimufend® (pegfilgrastim-fpgk)
- Udenyca™ (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

## Ophthalmic agents

- Beovu® (brolucizumab-dblI)
- bevacizumab-vikg\*
- Byooviz™ (ranibizumab-nuna)
- Cimerli™ (ranibizumab-eqrn)
- Eylea®† (aflibercept)
- Lucentis®† (ranibizumab)
- Susvimo™ (ranibizumab injection, port delivery system)
- Tepezza™ (teprotumumab-trbw)
- Vabysmo® (faricimab-svoa)

## Pulmonary arterial hypertension\*\*

- Flolan® (epoprostenol GM)
- Remodulin® (treprostinil)
- Revatio® (sildenafil)
- Tyvaso® (treprostinil)
- Uptravi IV (selexipag)
- Veletri® (epoprostenol AS)
- Ventavis® (iloprost)

## Respiratory agents

- Cinqair® (reslizumab)
- Synagis® (respiratory syncytial virus [RSV], monoclonal antibody, recombinant)
- Xolair® (omalizumab)

## Respiratory enzymes (alpha-1 antitrypsin)\*\*

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

## Tumor Infiltrating Lymphocyte (TIL) Therapy

- lifileucel

## Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Amvuttra™ (vutrisiran)
- Cosela® (trilaciclib)
- Crysvida® (burosumab-twza)
- Enjaymo (sutimlimab-jome)
- Evkeeza™ (evinacumab)
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Krystexxa® (pegloticase)
- Leqvio® (inclisiran)
- narsoplimab\*
- Onpattro™ (patisiran)
- Oxlumo® (lumasiran)
- Reblozyl® (luspatercept-aamt)
- Remune\*
- Rethymic™ (allogeneic processed thymus tissue-agdc)
- Soliris®† (eculizumab)
- Spinraza™ (nusinersen)
- teplizumab\*
- Tziel™ (teplizumab)
- Ultomiris™ (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Vyepti™ (eptinezumab-jjmr)
- Xiaflex®

\* Pending FDA approval.

\*\* All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

† Precertification requirements apply to all FDA-approved biosimilars to this reference product.

‡ Precertification review may be provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member's employer group.

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