



May 1, 2011

Dear Provider:

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. (BCBSGa) are revising and standardizing our precertification list and those services requiring either pre- or post-service review. Most of these changes include more services moving from post-service review to precertification thereby reducing the number of services regularly reviewed on a post-service basis. In moving more services to precertification, BCBSGa aims to improve our practices and streamline our approval process to work more efficiently for faster approvals. These changes will apply only to BCBSGa's local plans and do not apply to National Accounts, Federal Employee Program (FEP), Medicare Supplement, or Medicare Advantage.

Beginning **August 1, 2011**, all of the outpatient services listed below will require precertification in addition to the other services already on our precertification list. Also additional codes have been added to some procedures currently requiring precertification. The entire precertification list is available at [bcbsga.com](http://bcbsga.com):

- Abdominoplasty and Panniculectomy
- Angioplasty – Carotid, Vertebral and Intracranial Artery
- Ankle Replacement, Total
- Arthroereisis, Subtalar
- Back Pain (Chronic), Percutaneous Neurolysis for
- Balloon Sinuplasty
- Benign Prostatic Hyperplasia (BPH) and other Genitourinary Conditions, Surgical and Minimally Invasive treatments for
- Bone Growth Stimulation, Electrical and Ultrasound
- Brain Stimulation, Deep
- Canaloplasty
- Cardiac Defects, Transcatheter Closure of
- Cardiac Resynchronization Therapy for Heart Failure Treatment
- Cardioverter-Defibrillator, Implantable (ICD)
- Communication/Speech Generating Devices, Augmentative & Alternative (ACC)
- Cosmetic and Reconstructive Services of the Head and Neck; Trunk and Groin
- Epidural Adhesions, Lysis of
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Gastric Electrical Stimulation
- Gender Reassignment Surgery
- Hearing Aids, Bone-anchored and Implantable, Middle Ear
- Heart Monitors, Real-time Remote
- Intervertebral Discs, Artificial
- Intraocular Anterior Segment Aqueous Drainage Devices
- Intraocular Lenses, Presbyopia and Astigmatism-Correcting
- Joint Capsules, Ligaments and Tendons, Electrothermal Shrinkage of
- Knee and Ankle, Treatment of Osteochondral Defects
- Mandibular/Maxillary (Orthognathic) Surgery
- Mastectomy for Gynecomastia
- Obstructive Sleep Apnea in Adults, Treatment for
- Occipital Nerve Stimulation
- Orthopedic Conditions, Extracorporeal Shock Wave Therapy for
- Orthopedic Procedures, Computer-Assisted Musculoskeletal Surgical Navigational
- Ovarian Tissue or Oocytes, Cryopreservation of
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Penile Prosthesis Implantation
- Photocoagulation of Macular Drusen
- Plantar Fasciitis and Plantar Fibroma, Cryoablation for
- Pneumatic Pressure Devices
- Prosthesis, Microprocessor Controlled Lower Limb
- Prosthetic Devices, Myoelectric Upper extremity
- Reduction Mammoplasty
- Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- Sleep Disorders, Diagnosis of
- Spinal Stenosis, Implanted Devices for
- Spine and Joints other than the Knee, Manipulation Under Anesthesia
- Standing Frames
- Stereo Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Suprachoroidal Injection of a Pharmacologic Agent
- Temporomandibular Disorder
- Transtympanic Micropressure for Ménière's Disease Treatment

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- Tumors Outside the Liver, Radiofrequency Ablation Treatment
- Tumors (Solid) Outside the Liver, Cryosurgical Ablation of
- Uterine Fibroid Ablation, MRI Guided High Intensity Focused Ultrasound
- Vagus Nerve Stimulation
- Varicose Veins (Lower Extremities), Treatment of

After **August 1, 2011**, if a service has moved from post-service to pre-service review, providers must obtain precertification for the service in order to receive reimbursement. A list of codes associated with the above outpatient services will be available at [bcbsga.com](http://bcbsga.com). Future notifications of changes will be done through our bi-monthly provider newsletter, *Network Update*, and will be posted at [bcbsga.com](http://bcbsga.com).

**Reminder: Inpatient stays must be precertified.** Please be prepared to provide clinical information when you call BCBSGa for precertification.

If you have any questions about these changes please contact your Provider Representative or call provider relations at 800-428-4446.

Thank you for your participation in our network and for the care you provide your patients, our members.

Sincerely,



Amy Cheslock  
Vice President, Health Services