

HealthLink Medical Management Services Requiring Pre-Certification

Effective January 1, 2026



For HealthLink Reviews

877-284-0102 • 800-510-2162 (fax)

Phone Hours: 7:00 a.m. to 5:00 p.m. CST

Inpatient Services (Medical, Surgical)

- Bariatric Surgery
- Cervical Spine Surgery
- Elective Admissions
- Emergency Admissions – Requires notification no later than 2 business days after admission
- Gender Affirming Surgery
- Hospice
- LTAC Admissions
- Lumbar Spine Surgery
- OB Delivery stays beyond the Federal Mandate minimum (including newborn stays beyond mother's stay)
- Rehabilitation Facility Admissions
- Sacroiliac Joint Fusion
- Skilled Nursing Facility Admissions
- **Transcatheter Heart Valve Procedures***
- Transplants

Surgical Procedures - Ambulatory

- Bariatric Surgery
- Blepharoplasty/Blepharoptosis
- Bone-Anchored Hearing Aids
- Breast Procedures
- Cardiac Resynchronization Therapy (CRT) with or without Implantable Cardioverter Defibrillator (CRT/ICD) for Treatment of Heart Failure
- Cartilage Transplant Knee
- Cervical Spine Surgery
- Cochlear Implant
- Cosmetic and Reconstructive Services of Head, Neck, Trunk and Groin
- Elective Total Hip Arthroplasty
- Elective Total Knee Arthroplasty
- Gender Affirming Surgery
- IDET Procedure
- Image-guided Robotic Linear Accelerator-based Stereotactic Radiosurgery
- Implantable Cardioverter-Defibrillator (ICD)
- Lumbar Spine Surgery
- Mandibular/Maxillary Surgery (Orthognathic)
- Mastectomy for Gynecomastia
- Nasal Septoplasty
- Panniculectomy and Lipectomy/
Diastasis Recti Repair
- Reduction Mammoplasty
- Rhinoplasty
- Sacroiliac Joint Fusion
- Sinus Endoscopy
- Sleep Apnea Surgery - LAUP/UPPP, Nasal, and Uvulopalatoplasty
- **Spinal Cord Stimulators/Interventional Pain Management***
- Treatment of Varicose Veins (Lower Extremities)

Ancillary Services

- **Air Ambulance – Emergent/Non-Emergent***
- Botulinum Toxin – Review for Migraine Use Only
- Home Health Services
- Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- Genetic Testing for Inherited Peripheral Neuropathies
- Genetic Testing for PTEN Hamartoma Tumor Syndrome
- Home Hospice
- Home Infusion Services
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Speech Therapy

Durable Medical Equipment

- Any DME equipment in excess of \$1,000 purchase price
- Bone Stimulator
- Cardio/External Defibrillator
- Cooling Devices
- CPAP/BIPAP
- Electric Scooters
- Insulin Pumps
- Limb Prosthetics
- LVAD – Reviewed by Transplant
- Myoelectric prosthetics
- Neuromuscular Stimulators
- Any Orthotics equipment in excess of \$1,000 purchase price
- TENS Unit
- Wheelchairs (Custom)
- Wheelchairs (Power)
- Wound Vacs

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Behavioral Health Services

- Applied Behavior Analysis (ABA)
- Intensive Outpatient Program (IOP)
- Inpatient Behavioral Health Services
- Partial Hospital Program (PHP)
- Residential Behavioral Health Services
- Transcranial Magnetic Stimulation (TMS)

Specialty Infusion Drugs

- Allogeneic Processed Thymus Tissue (Rethymic)
- Ado-Trastuzumab Emtansine (Kadcyla)
- Aduhelm (Aducanumab)
- **Afamitresgene Autoleucel (Tecelra)***
- Alemtuzumab (Lemtrada)
- Alpha-1 Proteinase Inhibitor NOS
- Atezolizumab (Tecentriq)
- **Atidarsagene Autotemcel (Lenmeldy)***
- Azacitidine (Vidaza)
- Betibeglogene Autotemcel (Zynteglo)
- Bevacizumab (Avastin) – Review for Non-Eye Only
- Bortezomib (Velcade)
- Brexucabtagene Autoleucel (Tecartus)
- CAR-T Cell Therapy (Yescarta and Kymriah)
- Ciltacabtagene Autoleucel (Carvykti)
- Delandistrogene Moxeparovect-rokl (Elevidys)
- Denosumab (Prolia, Xgeva)
- Durvalumab (Imfinzi)
- Eculizumab (Soliris)
- Edaravone (Radicava)
- **Eladocagene Exuparovec-tneq (Kebilidi)***
- Elivaldogene Autotemcel (Skysona)
- Enfortumab Vedotin-ejfv (PADCEV)
- Etanercept (Enbrel)
- Etranacogene Dezaparovec-drlb (Hemgenix)
- Exagamglogene autotemcel (Casgevy)
- FAM-Trastuzumab Deruxtecan-NXKI (Enhertu)
- Ferric Carboxymaltose (Injectafer)
- **Fidanacogene Elaparovec-dzkt (Beqvez)***
- Fulvestrant (Faslodex)
- Hyaluronan or Derivative
- Idecabtagene Vicleucel (Abecma)
- Immune Globulin (Intravenous)
- Infliximab (Remicade)
- Ipilimumab (Yervoy)
- Iron sucrose (Venofer)
- **Lifileucel (Amtagvi)***
- Lisocabtagene Maraleucel (Breyanzi)
- Lovotibeglogene Autotemcel (Lyfgenia)
- Nivolumab (Opdivo)
- Nusinersen (Spinraza)
- **Obecabtagene Autoleucel (Aucatzyl)***
- Ocrelizumab (Ocrevus)
- Omidubicel (Omisirge)
- Onasemnogene Abeparovect-xioi (Zolgensma)
- Paclitaxel (Abraxane Only)
- Panitumumab (Vectibix)
- Pegloticase (Krystexxa)
- Pembrolizumab (Keytruda)
- Pemetrexed (Alimta)
- **Revakinagene Taroretcel (Encelto)***
- Rituximab (Rituxan) – Review for Non-Oncology Diagnosis/Treatment Only
- **Tisagenlecleucel (Kymriah)***
- **Valoctocogene Roxaparovec-rvox (Roctavian)***
- Vedolizumab (Entyvio)
- Voretigene Neparovect (Luxturna)

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For Diagnostic Imaging – Ambulatory Reviews Please Refer to the Member's ID Card **

HealthLink Review Diagnostic Imaging - Ambulatory

For members that do not have Carelon Review Services

877-284-0102 • Phone Hours: 7:00 a.m. to 5:00 p.m. CST
800-510-2162 (fax)

- Coronary CT Angiography (CCTA)
- Coronary MRA
- Cardiac MRI
- MRA of the Head and/or Neck
- MRI of the Brain
- MRI of the Spine – Cervical, Thoracic, Lumbar, Sacral
- PET Scan

-or-

Carelon Medical Benefits Management Review Diagnostic Imaging - Ambulatory

Carelon Review Services Replace HealthLink Review

888-240-5057 • Phone Hours: 8:00 a.m. to 5:00 p.m. CST
Online requests: <https://providerportal.com>

- Resting Transthoracic Echocardiography
- Stress Echocardiography
- Transesophageal Echocardiography
- CT Scan
- CTA Scan
- Echocardiology
- MRA Scan
- MRI
- Nuclear Cardiology
- PET Scan
- SPECT Scan

**** Please refer to the member's ID card to ensure that the member's health plan participates with HealthLink Medical Management with Carelon Medical Benefits Management.**

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan. Carelon Medical Benefits Management provides support for HealthLink's preauthorization review process. Additional information on Carelon Medical Benefits Management programs can be found at <https://providers.carelonmedicalbenefitsmanagement.com/anthem>.

**New services requiring pre-certification as of 1/1/26.*

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