

**June 1, 2008**  
**Provider Bulletin**

## **Services Requiring Prior Authorization**

The table below outlines the services that require prior authorization by BlueChoice HealthPlan for our Medicaid members. This list will be updated as needed. Prior authorization may be abbreviated as “PA” throughout this document.

Providers are responsible for verifying eligibility and benefits before providing services to BlueChoice HealthPlan members. Except for an emergency, failure to obtain PA for the services listed below may result in a denial for reimbursement.

To request PA, report a medical admission, or ask questions regarding PA, please contact the BlueChoice HealthPlan Utilization Management department at **1-866-902-1689**.

To access our medical policies and clinical Utilization Management guidelines, and for details about pharmacy PA requirements, please visit **[www.BlueChoiceSCMedicaid.com](http://www.BlueChoiceSCMedicaid.com)**.

- Referral to Out-of-Network provider and/or facility requires prior authorization (PA) for **all** services.
- Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.

<b>Services Requiring Prior Authorization</b>	
<b>Service Request</b>	<b>Is Prior Authorization (PA) required for in-network providers?</b>
Ambulance Air Transport	Yes
Abortion: Therapeutic	Yes
Biofeedback	Yes
Durable Medical Equipment (DME) and Disposable Supplies, including: Formula/Nutritional Supplements, Hearing Aids	<p>Yes - Rental of DME and purchase of custom equipment will require review. Providers are required to obtain PA for the following:</p> <ul style="list-style-type: none"> <li>• Airway clearance vest</li> <li>• Apnea monitors</li> <li>• Continuous positive airway pressure/bi-level positive airway pressure devices (CPAP/BIPAP)</li> <li>• Cranial helmets</li> <li>• External infusion pumps</li> <li>• Hospital beds and support surfaces</li> <li>• Lymphedema pumps</li> <li>• Motorized and manual wheelchairs/scooters</li> <li>• Osteogenesis stimulators</li> <li>• Oxygen therapy</li> <li>• Parenteral/enteral nutrition</li> <li>• Seat lift mechanisms</li> <li>• Therapeutic formulas and dietary supplements</li> <li>• Transcutaneous electrical nerve stimulators (TENS)</li> <li>• Wound vacs</li> </ul> <p>For questions regarding other DME, please contact: Utilization Management department</p>
Hearing Aids and Repairs	Yes
Home Health Care Services, including Hospice Care	Yes Yes
Hyperbaric Oxygen Therapy	Yes
Infusion Therapy including Chemotherapy, Synagis, Vitasert	Yes
Inpatient Hospital Services (Elective and Emergent Admissions)	<ul style="list-style-type: none"> <li>• All elective inpatient admissions require PA</li> <li>• Notification of emergent admissions within 24 hours or the next business day of inpatient admission</li> <li>• Routine Vaginal or Cesarean Section deliveries do not require PA unless out of network or LOS exceeds 2 days for Vaginal or 4 days for C-Section</li> </ul>
Inpatient Acute Rehabilitation Center	Yes
Pharmacy and/or Over-the-Counter (OTC) Products	<p>Certain preferred medications and all non-preferred medications may require PA. Pharmacy PA number at <b>1-800-470-0933</b>  <b>Specialty medications such as Synagis and Growth Hormone will require PA through the medical plan number at 1-866-902-1689.</b></p>
Prosthetics and Orthotics	Yes
Psychiatric Assessment Services	Yes but limited to: Psych Diagnostic Interview Exam ( all providers).

<b>Services Requiring Prior Authorization</b>				
<b>Service Request</b>	<b>Is Prior Authorization (PA) required for in-network providers?</b>			
Radiology Services	PA is required for all PET/SPECT scans, CTAs, and MRAs. PA is also required for the following:			
	<b>CT/MRI Type</b>	<b>Without Contrast</b>	<b>With Contrast</b>	<b>With/Without Contrast</b>
	CT of Cervical Spine	72125	72126	72127
	CT of Chest	71250	71260	71270
	CT of Head	70450	70460	70470
	CT of Lumbar Spine	72131	72132	72133
	CT of Orbit/Sella/Outer- Inner-Middle Ear	70480	70481	70482
	CT of Maxillofacial Area	70486	70487	70488
	CT of Thoracic Spine	72128	72129	72130
	MRI of Brain	70551	70552	70553
	MRI of Cervical Spine	72141	72142	72156
	MRI of Lower Extremity - Joint	73721	73722	73723
	MRI of Lower Extremity - No Joint	73718	73719	73720
	MRI of Lumbar Spine	72148	72149	72158
	MRI of Thoracic Spine	72146	72147	72157
	MRI of TMJ	70336		
	MRI of Upper Extremity - Joint	73221	73222	73223
Skilled Nursing Facility Care/Nursing Home	Yes - Admissions must be preauthorized			
Sleep Studies - Outpatient Hospital or Free-Standing Sleep Lab Facility	Yes			

<b>Services Requiring Prior Authorization</b>	
<b>Service Request</b>	<b>Is Prior Authorization (PA) required for in-network providers?</b>
Surgery - Inpatient and Outpatient	<p><b>All Elective Inpatient Admissions and the following procedures when done Outpatient require PA:</b></p> <p><b>Possible cosmetic (when considered Medically necessary):</b></p> <ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• All Rhinoplasties and Septoplasties</li> <li>• Blepharoplasty/Eyebrow Ptosis</li> <li>• Breast Surgery (Reduction, Reconstruction or Augmentation)</li> <li>• Conjunctivoplasty</li> <li>• Mastectomy for Gynecomastia</li> <li>• Reconstructive Surgeries (i.e., Pectus Excavatum and Mandibular/Maxillary), Facial, Breast, Eyes)</li> <li>• Varicose Vein Stripping/Ligation</li> </ul> <p><b>ENT:</b></p> <ul style="list-style-type: none"> <li>• Cochlear Implants</li> <li>• Oral Surgery</li> <li>• TMJ related surgery</li> <li>• Thyroidectomy</li> <li>• UPPP (Uvuloplastypharyngoplasty)</li> </ul> <p><b>Ortho:</b></p> <ul style="list-style-type: none"> <li>• All Osteotomies, Arthrodesis, Arthroplasties, Internal Fixation, Amputations, Tissue Transfer/Transplant and any Unlisted (generic) Procedures</li> <li>• Bone Growth Stimulators</li> <li>• Extracorporeal Shock Wave Therapy (ESWT) or Radiofrequency Ablation for Musculoskeletal Conditions</li> <li>• Functional and Threshold Electrical Stimulation FES</li> <li>• Implanted Spinal Cord Stimulators</li> <li>• Nerve Grafts and Blocks</li> </ul> <p><b>General:</b></p> <ul style="list-style-type: none"> <li>• Hysterectomy including outpatient</li> <li>• Cardiac Ablations</li> <li>• Obesity related procedures (i.e., Bariatric Surgery)</li> <li>• Pain Management - Paravertebral, Transforaminal and Facet Injections 64470-64484</li> <li>• Pain Management - Pulsed Radiofrequency (PRF) Treatment 64626 and 64627</li> <li>• Retisert Intravitreal Implant</li> <li>• Transendoscopic Therapy</li> <li>• Vagal Nerve Stimulator</li> <li>• Xenograft Tissue Implants - Tissue Engineered Skin Grafting</li> </ul> <p><b>All Temporary Codes - T and G codes</b></p> <p><b>Please contact the Utilization Management department at 1-866-902-1689, if questions arise.</b></p>

<b>Services Requiring Prior Authorization</b>	
<b>Service Request</b>	<b>Is Prior Authorization (PA) required for in-network providers?</b>
Therapy - Outpatient	Therapy services provided by a Home Health agency (PT, OT, Speech and Sensory Integration Therapy)
Transplants	Yes for: <ul style="list-style-type: none"> <li>• Corneal Transplants</li> <li>• Pre-Transplant services rendered in excess of 72 hours prior to the event</li> <li>• Post-Transplant follow-up services 90 days after discharge</li> <li>• Post-Transplant pharmaceutical services 90 days after discharge</li> </ul>

**Please note: The services listed below DO NOT require prior authorization (PA).**

- Psychiatric diagnostic interviews performed by In-Network Practitioners:
  - 90801 Psychiatric Diagnostic Interview Exam (All Providers)
  - 90802 Interactive Psychiatric Interview (Private Psychiatrist only)
 Limited to 1 assessment per member every six months
- Dialysis at an in-network facility.
- Emergency Services -- Notify BlueChoice HealthPlan of admissions within 24 hours or the next business day of inpatient admission.
- Formulary glucometers and nebulizers.
- Family Planning/Well Woman Check Up -- Member may self-refer to any Medicaid provider for the following services:
  - Pelvic and breast examinations
  - Lab work
  - Birth Control
  - Genetic counseling
  - FDA approved devices and supplies related to family planning (i.e. IUD)
  - HIV/STD screening
- Laboratory Services – Use LabCorp (**www.labcorp.com**) for all laboratory needs.
- Nutritional Counseling -- No authorization required for 97802. Group counseling is not a benefit.
- Obstetrical Care -- No authorization required for in-network physician visits, routine testing and inpatient delivery unless greater than 2 days for vaginal delivery or 4 days length of stay for C-Sections.
- Lab, selective imaging studies (see section on Radiology Services and Outpatient Hospital Services) and most diagnostic procedures such as colonoscopies, endoscopies and mammograms.
- No PA required for physician referrals if referring member to an in-network specialist for consultation or a non-surgical course of treatment.
- Radiation Therapy
- Standard x-rays and ultrasounds
- In network physical therapy, occupational therapy, and speech therapy except when these therapies are provided by a Home Health agency.