

SERVICES REQUIRING PREAUTHORIZATION

Members should present their *identification card* to their health care *provider* when medical services or items are requested. When *members* use an *in-network provider* (including a BlueCard facility *participating provider* providing **inpatient services**), the *in-network provider* will be responsible for obtaining the *preauthorization*. If *members* use an *out-of-network provider* or a BlueCard *participating provider* providing **non-inpatient services**, the *out-of-network provider* or BlueCard *participating provider* may call for *preauthorization* on the *member's* behalf; however, it is ultimately the *member's* responsibility to obtain *preauthorization*. *Providers* and *members* should call our *Utilization Management Department* toll-free at [1-800-730-7219] to obtain the necessary *preauthorization*.

Providers/Members should request *Preauthorization* of non-urgent admissions and services well in advance of the scheduled date of service (15 days). *Investigational* or experimental procedures are not usually covered benefits. *Members* should consult their *Certificate of Coverage or Contract, Capital BlueCross' Medical Policies*, or contact *Customer Service* at the number listed on the back of their health plan *identification card* to confirm *coverage*. *In-network providers* and *members* have full access to our medical policies and may request *preauthorization* for experimental or *investigational services/items* if there are unique *member* circumstances.

We only pay for services and items that are considered *medically necessary*. *Providers* and *members* can reference our medical policies for questions regarding *medical necessity*. Final determination of *coverage* is subject to the *member's* *benefits* and eligibility on the date of service.

PREAUTHORIZATION OF MEDICAL SERVICES INVOLVING URGENT CARE

If the *member's* request for *preauthorization* involves *urgent care*, the *member* or the *member's provider* should advise us of the urgent medical circumstances when the *member* or the *member's provider* submits the request to our *Clinical Management Department*. We will respond to the *member* and the *member's provider* no later than seventy-two (72) hours after our *Utilization Management Department* receives the *preauthorization* request.

FAILURE TO OBTAIN PREAUTHORIZATION

Failure to obtain *preauthorization* for a service could result in a payment reduction or denial for the *provider* and *benefit* reduction or denial for the *member*, based on the *provider's* contract and the *member's* *Certificate of Coverage or Contract*. Services or items provided without *preauthorization* may also be subject to retrospective *medical necessity* review.

If the *member* presents his/her *ID card* to an *in-network provider* in the 21-county area and the *in-network provider* fails to obtain or follow *preauthorization* requirements, payment for services will be denied and the provider may not bill the *member*.

The table that follows is a partial listing of the *preauthorization* requirements for services and procedures.

The attached list provides categories of services for which *preauthorization* is required, as well as specific examples of such services. This list is not all inclusive. We may from time to time remove *preauthorization* requirements for *benefits* under certain dollar thresholds. For a listing of services currently requiring *preauthorization*, including any threshold requirements, members and providers may consult [CapitalBlueCross.com].

Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> Acute care Long-term acute care Non-routine maternity admissions and newborns requiring continued hospitalization after the mother is discharged Skilled nursing facilities Rehabilitation hospitals Behavioral Health (mental health care/ substance use disorder) 	<p><i>Preauthorization</i> requirements do not apply to services provided by a <i>hospital</i> emergency room <i>provider</i>. If an <i>inpatient</i> admission results from an emergency room visit, notification must occur within two (2) business days of the admission. All such services will be reviewed and must meet <i>medical necessity</i> criteria from the first hour of admission. Failure to notify us of an admission may result in an administrative denial.</p> <p>Non-routine maternity admissions, including preterm labor and maternity complications, require notification within two (2) business days of the date of admission.</p>
Observation Care Admissions	<ul style="list-style-type: none"> Notification is required for all observation stays expected to exceed 48 hours. All observation care must meet medical necessity criteria from the first hour of admission. 	<p>Admissions to observation status require notification within two (2) business days.</p> <p>Failure to notify us of an admission may result in an administrative denial.</p>
Diagnostic Services	<ul style="list-style-type: none"> Genetic disorder testing except: standard chromosomal tests, such as Down Syndrome, Trisomy, and Fragile X, and state mandated newborn genetic testing. High tech imaging such as but not limited to: Cardiac nuclear medicine studies including nuclear cardiac stress tests, CT (computerized tomography) scans, MRA (magnetic resonance angiography), MRI (magnetic resonance imaging), PET (positron emission tomography) scans, and SPECT (single proton emission computerized tomography) scans. 	<p>Diagnostic services do not require <i>preauthorization</i> when emergently performed during an emergency room visit, observation stay, or <i>inpatient</i> admission.</p>
Durable Medical Equipment (DME), Prosthetic, Appliances, Orthotic Devices, Implants		<p><i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at [CapitalBlueCross.com].</p>

Category	Details	Comments
Office Surgical Procedures When Performed in a Facility*	<ul style="list-style-type: none"> • Aspiration and/or injection of a joint • Colposcopy • Treatment of warts • Excision of a cyst of the eyelid (chalazion) • Excision of a nail (partial or complete) • Excision of external thrombosed hemorrhoids; • Injection of a ligament or tendon; • Eye injections (intraocular) • Oral Surgery • Pain management (including trigger point injections, stellate ganglion blocks, peripheral nerve blocks, and intercostal nerve blocks) • Proctosigmoidoscopy/flexible Sigmoidoscopy; • Removal of partial or complete bony impacted teeth (if a benefit); • Repair of lacerations, including suturing (2.5 cm or less); • Vasectomy • Wound care and dressings (including outpatient burn care) 	<p>The items listed are examples of services considered safe to perform in a professional <i>provider's</i> office. <i>Medical necessity</i> review is required when office procedures are performed in a facility setting. <i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> when performed in a facility at [CapitalBlueCross.com].</p>
Outpatient Procedures/Surgery	<ul style="list-style-type: none"> • Weight loss surgery (Bariatric) • Meniscal transplants, allografts and collagen meniscus implants (knee) • Ovarian and Iliac Vein Embolization • Photodynamic therapy • Radioembolization for primary and metastatic tumors of the liver • Radiofrequency ablation of tumors • Transcatheter aortic valve replacement • Valvuloplasty 	<p>The items listed are examples of outpatient procedures that may be reviewed for <i>medical necessity</i> and or place of service. <i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at [CapitalBlueCross.com].</p>
Rehabilitative Therapy Services	<ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs 	
Transplant Surgeries	Evaluation and services related to transplants	<i>Preauthorization</i> will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.

Category	Details	Comments
Reconstructive or Cosmetic Services and Items	<ul style="list-style-type: none"> • Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy) • Breast Procedures <ul style="list-style-type: none"> ♦ Breast Enhancement (Augmentation) ♦ Breast Reduction ♦ Mastectomy (Breast removal or reduction) for Gynecomastia ♦ Breast Lift (Mastopexy) ♦ Removal of Breast implants • Correction of protruding ears (Otoplasty) • Repair of nasal/septal defects (Rhinoplasty/Septoplasty) • Skin related procedures <ul style="list-style-type: none"> ♦ Acne surgery ♦ Dermabrasion ♦ Hair removal (Electrolysis/Epilation) ♦ Face Lift (Rhytidectomy) ♦ Removal of excess tissue around the eyes (Blepharoplasty/Brow Ptosis Repair) ♦ Mohs Surgery when performed on two separate dates of service by the same provider • Treatment of Varicose Veins and Venous Insufficiency 	
Medical Injectables		<i>Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com].</i>
Investigational and Experimental procedures, devices, therapies, and pharmaceuticals		<i>Investigational or experimental procedures are not usually covered benefits. Members and providers may request preauthorization for experimental or investigational services/items if included on the listing of services requiring authorization.</i>
New to market procedures, devices, therapies, and pharmaceuticals		<i>Preauthorization is required during the first two (2) years after a procedure, device, therapy or pharmaceutical enters the market. Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com].</i>
Select Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • Transcranial Magnetic Stimulation (TMS) • Partial Hospitalization • Substance Use Disorder Intensive Outpatient Programs 	<i>The items listed are examples of outpatient procedures that may be reviewed for <i>medical necessity</i> and/or place of service. Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com].</i>

Category	Details	Comments
Other Services	<ul style="list-style-type: none"> Bio-engineered skin or biological wound care products Category IDE trials (Investigational Device Exemption) Enhanced external counterpulsation (EECP) Home health care Eye injections (Intravitreal angiogenesis inhibitors) Laser treatment of skin lesions Non-emergency air ambulance transports Radiofrequency ablation for pain management Facility based sleep studies for diagnosis and medical Management of obstructive sleep apnea Enteral feeding supplies and services 	
Pain Management	<ul style="list-style-type: none"> Interventional Pain Management Joint injections 	Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com] .
Oncology Services	Radiation therapy and related treatment planning and procedures performed for planning (such as but not limited to IMRT, proton beam, neutron beam, brachytherapy, 3D conform, SRS, SBRT, gamma knife, EBRT, IORT, IGRT, and hyperthermia treatments.)	Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com] .
Select Cardiac Services		Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com] .
Gene Therapy		Members and providers may view a listing of services currently requiring preauthorization at [CapitalBlueCross.com] .

PLEASE NOTE: This listing identifies those services that require *preauthorization* only as of the date it was printed. This listing is subject to change. *Members* should call us at [1-800-730-7219 (TTY: 711)] with questions regarding the *preauthorization* of a particular service.

For HMO and Gatekeeper PPO *members*, all care rendered by *out-of-network providers* requires *preauthorization*. This includes care that falls under the Continuity of Care provision of the Certificate of Coverage or Contract.

This information highlights the standard Preauthorization Program. *Members* should refer to their *Certificate of Coverage* or *Contract* for the specific terms, conditions, exclusions and limitations relating to their *coverage*.