

SERVICES REQUIRING PREAUTHORIZATION

Members should present their *identification card* to their health care *provider* when medical services or items are requested. When *members* use a *participating provider* (including a BlueCard facility *participating provider* providing ***inpatient services***), the *participating provider* will be responsible for obtaining the *preauthorization*. If *members* use a *non-participating provider* or a BlueCard *participating provider* providing ***non-inpatient services***, the *non-participating 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 *Capital's* Utilization Management Department toll-free at **1-800-471-2242** 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*. *Participating providers* and *members* have full access to *Capital's* medical policies and may request *preauthorization* for experimental or *investigational* services/items if there are unique *member* circumstances.

Capital only pays for services and items that are considered *medically necessary*. *Providers* and *members* can reference *Capital's* medical policies for questions regarding *medical necessity*.

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 *Capital* of the urgent medical circumstances when the *member* or the *member's provider* submits the request to *Capital's* Clinical Management Department. *Capital* will respond to the *member* and the *member's provider* no later than seventy-two (72) hours after *Capital's* Utilization Management Department receives the *preauthorization* request.

PREAUTHORIZATION PENALTY APPLICABILITY

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 a *participating provider* in the 21-county area and the *participating provider* fails to obtain or follow *preauthorization* requirements, payment for services will be denied and the provider may not bill the *member*.

When *members* undergo a procedure requiring *preauthorization* and fail to obtain *preauthorization* (when responsible to do so as stated above), *benefits* will be provided for *medically necessary* covered services. However, in this instance, the *allowable amount* may be reduced by the dollar amount or the percentage established in the *Certificate of Coverage* or Contract.

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. For a listing of services currently requiring *preauthorization*, members and providers may consult capbluecross.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 abuse) | <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 <i>Capital</i> 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 <i>Capital</i> 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>Purchases, repairs or rentals for DME regardless of price per unit</p> <p><i>(Note: Capital BlueCross may require rental of a device for a designated time prior to purchase)</i></p> | <p><i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com.</p> |
| 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); | <p><i>The items listed are examples of services considered safe to perform in a professional provider's office. Medical necessity review is required when office procedures are performed in a facility setting. Members and providers may view a listing of services currently requiring preauthorization when performed in a facility at capbluecross.com.</i></p> |

| Category | Details | Comments |
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| Office Surgical Procedures When Performed in a Facility* (continued) | <ul style="list-style-type: none"> • Repair of lacerations, including suturing (2.5 cm or less); • Vasectomy • Wound care and dressings (including outpatient burn care) | |
| 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 | 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 capbluecross.com . |
| Therapy Services | <ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Manipulation therapy (chiropractic and osteopathic) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs | <i>Preauthorization</i> requirements for manipulation therapy may vary based upon the <i>provider</i> of the services. The specific requirements for <i>preauthorization</i> of manipulation therapy may be found in the <i>Preauthorization Policy</i> at capbluecross.com . |
| 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. |
| 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</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com . |

| Category | Details | Comments |
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| Investigational and Experimental procedures, devices, therapies, and pharmaceuticals | | <i>Investigational</i> or experimental procedures are not usually covered benefits. <i>Members</i> and <i>providers</i> may request <i>preauthorization</i> for experimental or <i>investigational</i> services/items if there are unique <i>member</i> circumstances. |
| New to market procedures, devices, therapies, and pharmaceuticals | | <i>Preauthorization</i> is required during the first two (2) years after a procedure, device, therapy or pharmaceutical enters the market. <i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com . |
| Select Outpatient Behavioral Health Services | <ul style="list-style-type: none"> • Transcranial Magnetic Stimulation (TMS) • Partial Hospitalization • Intensive Outpatient Programs | |
| Other Services | <ul style="list-style-type: none"> • Bio-engineered skin or biological wound care products • Category IDE trials (Investigational Device Exemption) • Clinical trials (including cancer related trials) • Enhanced external counterpulsation (EECP) • Home health care • Home infusion therapy • Eye injections (Intravitreal angiogenesis inhibitors) • Laser treatment of skin lesions • Non-emergency air and ground 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 | Interventional Pain Management <ul style="list-style-type: none"> • Joint injections | Members and providers may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.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 <i>preauthorization</i> at capbluecross.com . |
| Select Cardiac Services | | Members and providers may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.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 *Capital* at 1-800-962-2242 (TTY: 711) with questions regarding the *preauthorization* of a particular service.

For HMO and Gatekeeper PPO *members*, all care rendered by *nonparticipating 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*.