

BlueChoice® HealthPlan

BlueChoice HealthPlan of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Prior Authorizations for Services and Procedures

Effective March 1, 2011

Revised June 15, 2011

This section applies to all BlueChoice HealthPlan members (Primary Choice, MyChoice, POS and open access).

Prior authorization for services is the responsibility of the rendering (or ordering) primary care physician or specialist physician. Once the primary care physician has referred a member to a specialist, it becomes the specialist's responsibility to get prior authorization for services or procedures that require a **separate authorization**.

You can get prior authorizations by calling Health Care Services at 800-950-5387 (option #6) or by faxing the *Request for Prior Authorization for Services and Procedures Form* found in Appendix B of the 2011 Physician Office Administrative Manual to 800-610-5685. **Please note the special contact information for radiology, DME and mental health prior authorizations.**

These services/procedures require prior authorization:

Inpatient Hospital Services

- All inpatient hospital admissions (prior authorization for most direct emergency admissions is now available online)

Outpatient Facility Services

- Infusions/transfusions
- Lab services not provided through LabCorp
On behalf of BlueChoice HealthPlan, LabCorp performs lab services.
Lab Corp is an independent company.
- Surgical procedures (many now available online)

Advanced Radiology Imaging Services (any place of service)

Call National Imaging Associates (NIA) directly at 888-642-9181 OR go to www.RadMD.com for prior authorization. On behalf of BlueChoice HealthPlan, NIA provides utilization management services of certain radiological procedures. NIA is an independent company.

- CT and CTA scans
- CT colonography (CPT 74261 & 74263)
- Coronary CTA (available at approved pilot program locations only)
- MRCP
- MRI and MRA scans
- Nuclear cardiology studies (including stress thallium and Lexiscan stress tests)
- Outpatient interventional radiology services
- PET scans
- Stress echocardiology

Office-Based Services (performed in physician's office)

- Colonoscopy (not required if at ASC or facility)
- Complex pulmonary function tests listed on page 38 of the 2011 manual (except when rendered by pulmonologist or allergist)
- EGD (not required if at ASC or facility)
- Lab services not provided through LabCorp or Genzyme Genetics and not on the in-office approved lab list
On behalf of BlueChoice HealthPlan, Genzyme Genetics performs lab services. Genzyme Genetics is an independent company.
- Nerve conduction studies/EMGs (except when rendered by neurologist, neurosurgeon or physiatrist)
- Thyroid ultrasounds - CPT 76536 (except when rendered by general surgeon or endocrinologist)

Other Services (any place of service)

- Aquatic therapy
- Biofeedback
- Capsule endoscopy (CPT 91110)
- Cardiac rehabilitation
- Cholesterol subparticle testing (e.g., Berkeley HeartLab, Health Diagnostics Lab)
- Cosmetic procedures (those without a functional impairment)
- Diabetic teaching programs (except at approved facilities – call 800-327-3183, ext. 25450 for list)
- Erectile dysfunction or infertility treatment
- Extracorporeal shock wave lithotripsy of the foot (ESWL)
- Genetic lab testing (except when rendered by LabCorp or Genzyme Genetics, see page 38 of the 2011 manual).
- Guided imagery – CPT 61795 (except when rendered by neurosurgeon)
- Injectable and infusion drugs – certain injectable and infusion drugs require prior authorization (see list on pages 32-36 of the 2011 manual)
- Injectable/infusible chemotherapy
- Investigational procedures/services
- Neurostimulators (bone, muscle, TENS)
- Pain management services and/or multidisciplinary programs
- Pediatric developmental testing (CPT 96110 & 96111) only available for developmental pediatricians
- Pharmacy drugs – certain pharmacy drugs require prior authorization (see list on pages 27-31 & 37 in the 2011 manual)
- Pregen
- Pulmonary rehabilitation
- Radiation therapy (including IMRT)
- Referrals to non-contracting providers
- Refractive surgeries/services
- Routine foot care (CPT 11055-11057 and 11719-11721) and corrective shoes
- Sleep studies
- Therapeutic blood therapies, including transfusions and home hemodialysis
- Tilt table testing
- 24-hour ambulatory blood pressure monitors
- UPPP/LAUP
- Ultrasound, CT or radiographic bone mineral density studies (CPT 76977, 77078 77083 & 77079 only)
- Varicose vein procedures including endovenous radiofrequency and laser ablation, ligation and sclerotherapy
- Other possible contract exclusions (e.g., contraceptive devices, skin tags - CPT 11200 & 11201)

DME, Home Health, Hospice, Orthotics, Prosthetics and Other Medical Supplies

BlueChoice HealthPlan directly manages prior authorizations, claims and network management.

- DME
- Hemophilia management
- Home health services
- Home infusion therapy
- Orthotics and prosthetics
- Oxygen and respiratory equipment
- Home physical therapy
- Home occupational therapy
- Home speech therapy
- Private duty nursing
- Hospice care

Most services do not require prior authorization. Simply order the product or service from a network provider. Please review the current Ancillary Services Prior Authorization Required list of services that require prior authorization. You can find the current list at www.BlueChoiceSC.com by selecting “Providers,” then “Resources,” then “Ancillary Services.”

Please use the *Request for Preauthorization of Benefits for Ancillary Services* form to request all services requiring prior authorization. Print, complete and fax the form as indicated. You can find this form on our website, and it is also included on pages 107 and 108 of the 2011 manual.