

## BlueChoice HealthPlan

### Prior Authorizations for Services and Procedures

Prior authorization for services is the responsibility of the rendering (or ordering) primary care physician or specialty 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 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
- Surgical procedures

##### **Advanced Radiology Imaging Services (any place of service)**

Call National Imaging Associates (NIA) directly at 888-642-9181 or go to [www.RadMD.com](http://www.RadMD.com) for prior authorization.

NIA is an independent company that provides utilization management for certain radiological procedures on behalf of BlueChoice HealthPlan.

- CT and CTA scans
- CT colonography (CPT 74261 and 74263)
- Coronary CTA (available at approved pilot 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 a physician's office)**

- Colonoscopy (not required if at ASC or facility)
- Complex pulmonary function tests listed in the Provider Manual (except when rendered by pulmonologist or allergist)
- EGD (not required if at a ASC or facility)
- Laboratory services not on the in-office approved laboratory list or Avalon precertification required list
- 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)
- Erectile dysfunction or infertility treatment

- Extracorporeal shock wave lithotripsy of the foot (ESWL)
- Genetic lab testing (see the Avalon precertification required list).
- Guided imagery – CPT 61795 (except when rendered by neurosurgeon)
- Injectable and infusion drugs – certain injectable and infusion drugs require prior authorization (Visit the Specialty and Pharmacy Drugs section of our website)
- 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 (Visit the Specialty and Pharmacy Drugs section of our website)
- Pregen
- Pulmonary rehabilitation
- Radiation therapy (including IMRT) precertification is processed by NIA
- 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 and 11201)

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

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

- DME (for charges \$500.00 or more)
- Home speech therapy
- Home physical therapy
- Home occupational therapy
- Home health services
- Hemophilia management
- Hospice care
- Orthotics and prosthetics
- Home infusion therapy (includes enteral and parental feeding)
- Oxygen and respiratory equipment
- Private duty nursing

You can supply DME under \$500 in the physician's office and file it under the physician's tax ID number without prior authorization.

Most services do not require prior authorization. Verify eligibility and prior authorization requirements and use network providers. Please use the Request for Preauthorization of Benefits for Ancillary Services form to request all ancillary services requiring prior authorization. Print, complete and fax the form as indicated. Find the applicable form by visiting the Forms page of [www.BlueChoiceSC.com/find-form](http://www.BlueChoiceSC.com/find-form). We only authorize ancillary services via fax.