
What You Need to Know About Precertifications and Referrals



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Here at BlueCross BlueShield of South Carolina and BlueChoice HealthPlan, we always look for ways to streamline our precertification and referral process. Therefore, we have made it easy for you to request precertifications online for many inpatient and outpatient services or to request a referral.

We have designed this guide so you will know the services that will be automatically authorized through My Insurance ManagerSM.

This guide also details which services will pend further review when you request authorizations through My Insurance Manager. A pended authorization is review of information from the precertification request, along with any supporting documentation to determine medical necessity of the treatment.

Finally, we have added those referrals that are automatically approved for all BlueChoice® members when performed on the web regardless of the specific diagnosis or procedure code(s).

If you have questions or need additional information about precertifications or referrals, please contact your provider advocate.

Before we review the procedures that will be automatically authorized through My Insurance Manager, let's review the procedures for which we may not grant an instant precertification or referral.

1. Your patient's benefit plan does NOT require precertification for a particular service. In this instance, you do not need to get a precertification and will not receive a precertification number, if requested.
2. The group requires ALL of their precertifications to pend for further review.
3. The service requires precertification through another entity (like National Imaging Associates or NIA). If services require precertification through NIA, you will be prompted to contact them for precertification. NIA is an independent company that authorizes certain radiology procedures on behalf of BlueCross and BlueChoice.
4. You use the customized feature. Unlisted services or services authorized through the customized authorization feature in My Insurance Manager will always pend for clinical review.

Please note: This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

BlueCross BlueShield of South Carolina Automatic Authorizations for INPATIENT HOSPITAL PROCEDURES

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

ABDOMINAL AORTIC ANEURYSM	ANTERIOR CERVICAL DECOMPRESSION	AORTIC VALVE REPLACEMENT
APPENDECTOMY/NOT PERFORATED	APPENDECTOMY/RUPTURED	ARTHRODESIS-CERVICAL, THORACIC, LUMBAR
BREAST RECONSTRUC-GRAFT/FLAP	C-SECTION, BCBSSC	CABG
CAROTID ENDARTERECTOMY	COLECTOMY	CRANIOTOMY
DISKECTOMY	EXPLORATORY LAPAROTOMY	FRACTURE-CLOSED REDUCTION
FRACTURE-OPEN REDUCTION	HEART STENT PLACEMENT	HYDROCEPHALUS, VP SHUNT
MASTECTOMY, RADICAL (NEOPLASM)	MASTECTOMY, SIMPLE (NEOPLASM)	MITRAL VALVE REPLACEMENT/REPAIR
NEPHRECTOMY	PELVIC BONE FX (OPEN)	PROSTATECTOMY
PTCA	SALPINGECTOMY/TUBAL PREG	SPLENECTOMY
THORACOTOMY/MINOR, MAJOR	THYROIDECTOMY, PARTIAL	TOTAL HIP
TOTAL KNEE	TURP	

BlueCross BlueShield of South Carolina Automatic Authorizations for OUTPATIENT FACILITY PROCEDURES

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

ANGIOGRAM	ARTERIOGRAM	ARTHROGRAM
ARTHROSCOPY, KNEE	ARTHROSCOPY, ROTATOR CUFF	ARTHROSCOPY, SHOULDER
BREAST BIOPSY	BREAST RECONSTRUCT-TISSUE EXPANSION	BRONCHOSCOPY
BUNIONECTOMY	CARDIAC CATH	CARDIAC STRESS TEST
CARPAL TUNNEL RELEASE	CATARACT EXTRACTION	CIRCUMCISION
COLONOSCOPY	COLPOSCOPY	CT OF ABDOMEN
CT OF EXTREMITY	CT OF HEAT/NECK	CT OF SPINE
CT OF PELVIS	CT SCAN	CYSTOSCOPY
D&C	DIAGNOSTIC LAPAROSCOPY	ECHO
EGD	EGD, COLONOSCOPY, FLEXISIGMOID COMBO	ENDOMETRIAL ABLATION
ENDOSCOPIC SINUS SURGERY	ESOPHAGOSCOPY	ETHMOIDECTOMY
EXCISION RECTAL TUMOR	GASTROSCOPY	GROSHONG CATHETER PLACEMENT
HAMMER TOE REPAIR	HEMORRHOIDECTOMY	HERNIA REPAIR-IN/INC/UMB
HERNIA REPAIR-INGUINAL	HYSTEROSCOPY	INCISION WITH DRAINAGE
LAP CHOLECYSTECTOMY	LARYNGOSCOPY	LITHOTRIPSY
MAMMOGRAM	MRA OF ABDOMEN	MRA OF HEAD
MRA UPPER EXT W/WO CONTRAST	MRI OF SHOULDER	MRD OF ABDOMEN

BlueCross BlueShield of South Carolina Automatic Authorizations for OUTPATIENT FACILITY PROCEDURES (continued)

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

MRI OF EXTREMITY	MRI OF HEAD/NECK	MRI OF SPINE
MYELOGRAM	MYRINGOTOMY	NERVE BLOCK
ORTHOPEDIC BONE PROCEDURE	ORTHOPEDIC MUSCLE PROCEDURE	ORTHOPEDIC NERVE PROCEDURE
EXCISION PILONIDAL CYST	PORTA CATH, INSERTION	RADIATION/OUTPATIENT
SPHINCTEROTOMY, ANAL	STRABISMUS	SURGICAL TREATMENT, ANAL FISTULA
T&A	THORACENTESIS	TRIGGER FINGER RELEASE
TURBINECTOMY	TYMPANOSTOMY	ULTRASOUND/BREAST & LUNG
ULTRASOUND/GRAVID UTERUS	ULTRASOUND/HEAT & NECK	ULTRASOUND/HEART
WOUND CLOSURE		

BlueCross BlueShield of South Carolina Automatic Authorizations for NON-PROCEDURE INPATIENT HOSPITAL

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

ACUTE RENAL FAILURE	ACUTE RESPIRATORY FAILURE	ASCITES (INTRACTABLE)
ASTHMA	ATRIAL FIBRILLATION	BPH
CARDIAC ARREST	CARDIAC ARRHYTHMIA	CELLULITIS
CHEMOTHERAPY/LOS 3 DAYS	CHEMOTHERAPY/LOS 5 DAYS	CHEMOTHERAPY/LOS 7 DAYS
CHEST PAIN - R/O MI	CHOLECYSTITIS	CHRONIC RENAL FAILURE
CNS BLEED	COLITIS	CONFIRMED MI
CONGESTIVE HEART FAILURE	COPD	CROHN'S DISEASE
CVA-CONFIRMED	DIVERTICULITIS	DKA
DRUG OVERDOSE	DVT	DVT (REGIME LEVINOX)
GASTRITIS	GASTROENTERITIS	GI BLEED
HEPATIC ENCEPHALOPATHY	HYPERTENSIVE CRISIS	INTESTINAL OBSTRUCTION
MENINGITIS (CONFIRMED)	NEUTROPENIA	OSTEOMYELITIS
OTITIS MEDIA	PANCREATITIS	PELVIC BONE FX-CLOSED
PLEURAL EFFUSION	PNEUMONIA	PNEUMOTHORAX
PULMONARY EMBOLISM	PYELONEPHRITIS	PYELONEPHRITIS CHRONIC
R/O MENINGITIS	R/O SMALL BOWEL OBSTRUCT	RENAL CALCULI
RSV PNEUMONIA (PEDS)	SALPINGECTOMY/TUBAL PREG	SEIZURES (NEW ONSET)
SEPSIS	SEVERE ANEMIA, PANCYTOPENIA	SHORTNESS OF BREATH
SICKLE CELL CRISIS	SINUSITIS	SYNCOPE
TIA	VAGINAL DELIVERY, BLUECROSS	

BlueCross BlueShield of South Carolina Automatic Authorizations NON-PROCEDURE OUTPATIENT FACILITY

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

BONE SCAN	CARDIOVERSION	CHEMOTHERAPY/OUTPATIENT
CHEST X-RAY	DOPPLER STUDIES	DUPLEX SCAN
EEG	EKG	EMG
LAB CBC	LAB METABOLIC PANEL	LAB PSA
LAB PT/INR	LAB URINALYSIS	LUMBAR PUNCTURE
SLEEP STUDIES	THYROID/PARA THYROID SCAN	X-RAY ABD
X-RAY EXTREMITIES	X-RAY HEAD/NECK	

BlueCross BlueShield of South Carolina Automatic Authorizations NON-PROCEDURE HOME

If your service contains this criteria, you will receive an automatic authorization number when you request precertification through My Insurance Manager.

AFO, PREFABRICATED	BREAST PROSTHESIS	C-SECTION, STATE
CANE	COMPRESSION SUPPORT HOSE (ANTI-EMB)	DCPM WALKER
DIABETIC SHOES/INSERTS	GLUCOMETER	INSERTS/ORTHOTICS
LIFTS	MASTECTOMY BRAS	NEBULIZER WITH COMPRESSOR
PEAK FLOW METER	PHOTOTHERAPY	PREGNANCY NOTIFICATION, BLUECROSS
UPPER LIMB ORTHOSIS	VAGINAL DELIVERY, STATE	WALKING BOOT, NON-PNEUMATIC
WALKING BOOT, PNEUMATIC	WHEELCHAIR PURCHASE	WHEELCHAIR RENTAL
WRIST/HAND/FINGER ORTHOSIS		

Now that we have covered the services that are automatically authorized through My Insurance Manager, let's take a look at the services that will pend when you submit a customized request in My Insurance Manager.

Remember, unlisted services or services you submit through the customized authorization feature in My Insurance Manager will always pend for clinical review. You will not receive an automatic authorization when you use this option. Also, you do not need to submit any additional medical information for the procedure (unless we ask you to provide it). Please remember to use the Provider Web Note field to add all pertinent medical information to warrant the requested authorization.

Here are services that will pend when you request an authorization.

BlueCross BlueShield of South Carolina INPATIENT HOSPITAL PROCEDURES (Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager. The request is placed in pending status.

C-SECTION: STATE NOTIFICATION	GASTRIC BYPASS	GASTRIC BYPASS ROUX EN Y
HYSTERECTOMY/ADB-CA DX	HYSTERECTOMY/ABDOMINAL	HYSTERECTOMY/LVH, VAGINAL
HYSTERECTOMY/LVH, VAG-CA DX	UNLISTED INPATIENT PROCEDURE	

BlueCross BlueShield of South Carolina OUTPATIENT FACILITY PROCEDURES (Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager. The request is placed in pending status.

BLEPHAROPLASTY	BREAST REDUCTION	CT CHEST
CT SCAN - CORONAL, SAG	CT THORAX	D&C (MISSED ABORTION)
EXCISION & BIOPSY LESION	GASTRIC BYPASS LAP BAND	HIP BONE FX (OPEN & CLOSED)
LAP SUPRACERVICAL HYSTERECTOMY	MRA OF HEART	MRI OF HEART
MRI OF BREST	MRI OF CHEST	PERMANENT BREAST IMPLANT
PET SCAN	SEPTOPLASTY	SEPTORHINOPLASTY
TOOTH EXTRACTION	TUBAL LIGATION	UNLISTED OUTPATIENT PROCEDURE
UPPP	VASECTOMY	VEIN STRIPPING/LIGATION

BlueCross BlueShield of South Carolina NON-PROCEDURE INPATIENT HOSPITAL (Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager. The request is placed in pending status.

ABDOMINAL PAIN	HYPEREMESIS TO 26 WKS	MIGRAINE HA
MVA INPATIENT ADMISSION	SMALL BOWEL OBSTRUCTION	UNLISTED INPATIENT NON- PROCEDURE

BlueCross BlueShield of South Carolina NON-PROCEDURE OUTPATIENT FACILITY (Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager.

ADVATE	ALPHANATE	ALPHANINE SD
BEBULIN VH	BENEFIX	CANCER PATHWAY PROGRAM
CARDIAC REHAB	CARIMUNE	CHEMOTX/NOTIFICATION ONLY
CYTOMGAM	DYSPORT	EUFLEXXA
FEIBA VH IMMUNO	FLEBOGAMMA	GAMMAGARD S/D
GAMMASTAN S/D	GAMUNEX /GAMUNEX C	HELIXATE FS
HEMOFIL-M	HIZENTRA	HUMATE-P
HYALGAN	KOATE-DVI	MONARC-M
MONOCLATE-P	MONONINE	MYOBLOC
NOVOSEVEN	OCTAGAM	ORENCIA
ORTHOVISC	PANGLOBULIN	PRIVIGEN
PROFILNINE SD	PROPLEX-T	RECOMBINATE
REFACTO	REMICADE	RHOPHLAC
RITUXAN	SANDOSTATIN	SANDOSTATIN LAR
SOLIRIS	STIMATE	SUPARTZ
SYNAGIS MD OFFIC	SYNVISC	SYNVISC ONE
THERAPY/OCCUPATIONAL	THERAPY/SPEECH	TYSABRI
UNLISTED OUTPATIENT NON-PROCEDURE	UNLISTED OUTPATIENT THERAPY	VIVAGLOBIN
WILATE	WINRHO SDF	XEOMIN
XOLAIR	XYNTHA	

BlueCross BlueShield of South Carolina NON-PROCEDURE HOME HEALTH, DME OR HOSPICE (Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager.

BIPAP	BIPAP SUPPLIES	CPM MACHINE
OXYGEN CONCENTRATOR	PORTAL LIQUID OXYGEN SYSTEM, RENT	STATIONARY LIQUID OXYGEN SYSTEM
UNLISTED EQUIPMENT PURCHASE	UNLISTED EQUIPMENT RENTAL	UNLISTED INTRAVENOUS THERAPY
UNLISTED HOME HEALTH	UNLISTED HOSPICE	

BlueCross BlueShield of South Carolina
NON-PROCEDURE SKILLED NURSING FACILITY
(Pended Authorizations)

If your service contains this criteria, you will not receive an automatic authorization number when you request precertification through My Insurance Manager.

SKILLED NURSING FACILITY

BlueCross BlueShield of South Carolina
VAGINAL DELIVERY: STATE HEALTH PLAN NOTIFICATION
(Pended Authorizations)

Vaginal Delivery: State Health Plan Notification

- Requester's name and contact number
- Begin date/EDC
- Physician's name & tax identification number (TIN)
- Facility/hospital & tax identification number (TIN)
- Procedure code for vaginal delivery or C-section
- Member's name and contact number
- Gravida/Para/Ab status (optional information)

You can also complete the precertification request for OB Care form (attached) on the next page to fax in the documentation listed for the particular procedure.

BlueChoice HealthPlan Automatic Approvals for REFERRALS

These referrals provide an automatic approval for all BlueChoice members (unless otherwise stated) when performed on the Web through My Insurance Manager, regardless of the specific diagnosis or procedure code(s).

ALLERGY AND IMMUNOLOGY REFERRAL	ANESTHESIOLOGY REFERRAL	CARDIOLOGY REFERRAL
CARDIOTHORACIC SURGERY	COLON AND RECTAL SURGERY REFERRAL	DERMATOLOGY REFERRAL
ENDOCRINOLOGY REFERRAL	ENT (OTOLARYNGOLOGY) REFERRAL	FAMILY AND GENERAL PRACTICE
GASTROENTEROLOGY REFERRAL	GERIATRICS REFERRAL	INFECTIOUS DISEASE REFERRAL
INTERNAL MEDICINE REFERRAL	NEONATOLOGY REFERRAL	NEPHROLOGY REFERRAL
NEUROLOGY REFERRAL	NEUROSURGERY REFERRAL	OBSTETRICS AND GYNECOLOGY REFERRAL
ONCOLOGY (HEMATOLOGY/ONCOLOGY)	ONCOLOGY SURGERY REFERRAL	OPHTHALMOLOGY REFERRAL
OPTOMETRY-MEDICAL ONLY	ORTHOPAEDIC SURGERY REFERRAL	PEDIATRIC SPECIALTIES REFERRAL
PEDIATRIC SURGERY REFERRAL	PHYSICAL MEDICINE AND REHABILITATION	PLASTIC AND RECONSTRUCTIVE SURGERY
PODIATRY REFERRAL	PULMONARY DISEASE REFERRAL	RADIATION ONCOLOGY REFERRAL
RHEUMATOLOGY REFERRAL	SURGERY CONSULT REFERRAL	UROLOGY REFERRAL
VASCULAR SURGERY REFERRAL		

BlueChoice HealthPlan Automatic Authorizations for INPATIENT HOSPITAL PROCEDURES

ABDOMINAL AORTIC ANEURYSM REPAIR	AORTIC VALVE REPLACEMENT	APPENDECTOMY/NOT PERFORATED
APPENDECTOMY/RUPTURED	CAROTID ENDARTERECTOMY	COLECTOMY
CORONARY ANGIOPLASTY (PTCA)	CORONARY BYPASS PROCEDURE	CRANIOTOMY
DISKECTOMY	ECTOPIC PREGNANCY INPATIENT	FEMORAL-POPLITEAL ARTERY BYPASS
FUSION, CERVICAL SPINE	FUSION, LUMBAR SPINE	HIP ARTHROPLASTY, TOTAL
KNEE ARTHROPLASTY, TOTAL	LAMINECTOMY, INPATIENT	MASTECTOMY RADICAL (NEOPLASM)
MASTECTOMY SIMPLE (NEOPLASM)	MITRAL VALVE REPLACEMENT	MYOMECTOMY-INPATIENT
NEPHRECTOMY	ORIF LOWER LIMB-INPATIENT	ORIF UPPER LIMB-INPATIENT
PARATHYROIDECTOMY, COMPLETE	PARATHYROIDECTOMY, PARTIAL	PROSTATECTOMY, RADICAL
SPLENECTOMY	THORACOTOMY	THYROIDECTOMY, SUBTOTAL
THYROIDECTOMY, TOTAL		

BlueChoice HealthPlan Automatic Authorizations for OUTPATIENT FACILITY PROCEDURES

ANAL FISTULOTOMY	ARTHROS/ROTATOR CUFF SHOULDER OUTPT	ARTHROSCOPY OF KNEE-OUTPAT FACILITY
ARTHROSCOPY OF SHOULDER OP FACILITY	ARTHROSCOPY/CHRONDROPLASTY, KNEE OP	AV FISTULA-DIALYSIS CREATE/REVISE
BIOPSY OF ANAL/RECTAL WALL	BONE MARROW BIOPSY	BREAST BX-NEEDLE CORE/INCISION
BREAST BX-STEREOTACTIC	BREAST BX-ULTRASOUND GUIDED	BREAST BX-WITH NEEDLE ASPIRATION
BRONCHOSCOPY NO NAVIGATIONAL BRONCH	BUNIONECTOMY OUTPATIENT FACILITY	CARDIAC CATHETERIZATION OUTPATIENT
CARDIAC PACEMAKER INSERTION	CARPAL TUNNEL RELEASE Defers For HMO	CATARACT EXTRACTION
CATARACT MEMBRANOUS, LASER	CERCLAGE	CHOLECYSTECTOMY LAP OUTPATIENT (Defers For HMO)
COLPOSCOPY	CONIZATION OF CERVIX	CYSTO W/ INSERTION URETHRAL STENT
CYSTO W/ REMOVAL OF STENT/CALCULUS	CYSTO WITH RENAL LITHOTRIPSY	CYSTOSCOPY
CYSTOSCOPY W/ BIOPSY	DIAGNOSTIC LAPAROSCOPY	DILATION AND CURETTAGE (D & C)
DISCECTOMY, OUTPATIENT	ECTOPIC PREGNANCY OUTPATIENT	ENDOMETRIAL BIOPSY
EPS STUDY/CARDIAC ABLATION Defers For HMO	ERCP-OUTPATIENT	FISSURECTOMY
GANGLION CYST-WRIST, EXCISION	HAMMERTOE CORRECTION FACILITY	HEMORRHOIDECTOMY Defers For HMO
HERNIA REPAIR, ALL TYPES	HYDROCELE EXCISION OF	HYSTEROS/ENDOMETRIAL ABLATION/FACIL
HYSTEROSCOPY-FACILITY	HYSTEROSCOPY/D&C	KNEE ARTHROSCOPY WITH MENISECTOMY
LAMINECTOMY, OUTPATIENT	LAPAROSCOPIC OVARIAN CYSTECTOMY	LARYNGOSCOPY
LITHOTRIPSY-RENAL (ESWL) FACILITY	LIVER BIOPSY	LUMPECTOMY
MATERNITY D & C OUTPATIENT	MEDIASTINOSCOPY	MYRINGOTOMY WITH TUBES INSERT Defers For HMO
ORCHIECTOMY, OUTPATIENT	ORIF LOWER LIMB-OUTPATIENT	ORIF UPPER LIMB-OUTPATIENT
PERITONEAL DIALYSIS CATHETER	PILINIDAL CYST EXCISION-HOSPITAL	PLANTAR FASCIOTOMY-FACILITY
PROSTATE BIOPSY-HOSPITAL	PROSTATECTOMY, TRANS-URETHERAL	REMOVAL OF EXTERNAL FIXATION
SI JOINT INJECTION FACILITY	SKIN BIOPSY OUTPATIENT	SPHINCTEROTOMY - ANAL
TENDON SHEATH INCISION	TRIGGER FINGER RELEASE	URETERAL STENT
URETHRAL STENT	VENOUS ACCESS INSERT/REVISE	VITRECTOMY

BlueChoice HealthPlan Automatic Authorizations for NON-PROCEDURE OUTPATIENT FACILITY

ABGs	CARDIAC REHABILITATION FACILITY Defers For HMO	ECTOPIC PREGNANCY OUTPATIENT
ESOPHAGEAL MANOMETRY	HSG	MATERNITY D & C OUTPATIENT
PH PROBE, ESOPHAGUS		

BlueChoice HealthPlan Automatic Authorizations for NON-PROCEDURE INPATIENT HOSPITAL

ABDOMINAL PAIN, EMERGENCY	ACUTE PANCREATITIS EMER	ACUTE PERICARDITIS EMER ADMIT
ACUTE PYELONEPHRITIS EMER ADM	ADUL ACUT FEBRILE ILL EMER ADM	ASCITES (INTRACTABLE)
ASTHMA EMERGENCY ADMIT	CARDIAC ARRHYTHMIA	CELLULITIS EMERGENCY ADMIT
CHEST PAIN EMERGENCY ADMIT	CHF	CNS BLEED
COM ACQUIRE PNEUMONIA EMER ADM	COMA EMERGENCY ADMIT	COPD
CVA	DKA EMERGENCY ADMIT	ECTOPIC PREGNANCY INPATIENT
HYPERTENSIVE CRISIS	INTRACT RENAL COLIC EMER ADM	MENINGITIS
MI EMERGENCY ADMIT	MVA EMERGENCY ADMIT	NEONATAL JAUNDICE EMER ADMIT
OBSTRUCTION-INTESTINE EMER ADM	ORIF EMERGENCY ADMIT	OVERDOSE EMERGENCY ADMIT
PED ASTHMA EMERGENCY ADMIT	PED BONE FRACTURE EMER ADM	PED BRAIN ABSCESS EMER ADM
PED BRONCHIOLITIS EMER ADM	PED BURN MAJOR EMER ADM	PED CELLULITIS EMER ADM
PED DRUG INGESTION EMER ADM	PED DYSENTERY-BACT EMER ADM	PED EPIGLOTTIS EMER ADM
PED FEVER UNKNWN ORIG EMER ADM	PED GASTROENTERITIS EMER ADM	PED IDIOPATH THROMBOCYTOPENIA
PED INTUSSUSCEPTION EMER ADM	PED LYE INGESTION EMER ADMIT	PED ORBIT ABSCESS EMER ADM
PED OSTEOMYELITIS EMER ADMIT	PED PNEUMONIA EMER ADMIT	PED PNEUMOTHORAX EMER ADMIT
PED RENAL COLIC EMER ADMIT	PED RSV PNEUMONIA	PED SEIZURE EMERGENCY ADM
PED SEPTIC ARTHRITIS EMER ADM	PED SICKLE CELL CRIS EMER ADM	PED SKULL FRACTURE EMER ADM
PED STAT EPILEPTICUS EMER ADM	PED VENOM EXPOSURE EMER ADM	PEDIATRIC APNEA EMER ADMIT
PEDIATRIC CROUP EMER ADMIT	PEDIATRIC DKA EMERG ADMIT	PEDIATRIC HEAD INJURY EMER ADM
PEDIATRIC HEMOPHILIA EMER ADM	PEDIATRIC SEPSIS EMER ADMIT	PEDIATRIC SYNCOPE EMER ADM
PELVIC BONE FRACTURE (OPEN)	PNEUMOTHORAX	PULMONARY EMBOLISM
R/O TIA EMERGENCY ADMIT	RELAPSING PANCREATIT EMER ADM	RENAL FAILURE, ACUTE
RENAL FAILURE, CHRONIC	RETROPHARYNGEAL ABSCE EMER ADM	SAH EMERGENCY ADMIT
SEIZURE EMERGENCY ADMIT	SEPTICEMIA EMERGENCY ADMIT	SICKLE CELL EMER ADMIT
SUB ACUT ENDOCARDITIS EMER ADM	SYNCOPE EMERGENCY ADMIT	TBI EMERGENCY ADMIT
TIA		

BlueChoice HealthPlan UNLISTED PROCEDURES (Pended Authorizations)

Remember, unlisted procedures or services authorized through the customized authorization feature in My Insurance Manager will always pend for clinical review. You will not receive an automatic authorization when you use this option. You will also need to complete the request for services form (attached) and submit it with clinical notes after using either of these Web options.

These services always pend for BlueChoice members. For a quicker processing response, please use the cover sheet on the next page to fax in the documentation listed for the particular procedure.

Carpal Tunnel Release:

- Documentation of symptoms
- Documentation of conservative therapy tried (splinting, steroid injections, etc.)
- Results of EMG/Nerve Conduction study (documenting the values of sensory velocity, sensory latency and motor latency)

Cholecystectomy:

- Documentation of symptoms
- Results of CT, Ultrasound, MRI or HIDA scan

EPS Study/Cardiac Ablation:

- Documentation of symptoms
- Diagnosis
- Documentation of what conservative therapy (medications)

Hemorrhoidectomy:

- Documentation of symptoms (pain, bleeding)
- Office exam notes with documentation of the severity
- What conservative therapies have been tried (medications, sitz baths, stool softeners, rubber band ligation, etc.)

Myringotomy:

- Documentation of diagnosis and symptoms, length of symptoms.
- Results of hearing test
- Types of medications tried



Request for Precertification for Services and Procedures

Please fax this completed form along with all pertinent clinical documentation to BlueChoice HealthPlan. Allow three business days for return confirmation of precertification. You can request services through our secure online provider portal, My Insurance Manager.

Be sure to include this information on each cover sheet:

- Member's name
- DOB
- ID number
- Diagnosis
- CPT codes

Your Name:	
Practice Name:	
Practice Phone:	Practice Fax:
Total Number of Pages Attached (Including Cover Page):	

Patient and Service Information	
Patient Name:	
BlueChoice ID#:	Date of Birth:
Requesting Physician:	Tax ID:
Diagnosis/ICD-10 code(s):	

Note: Precertification for advanced radiology, radiation oncology and musculoskeletal treatment services should be requested through NIA Magellan (NIA) online at www.RadMD.com or by phone at 866-500-7664. NIA is an independent company that provides utilization management of certain services on behalf of BlueChoice®.

Planned Service/Procedure Name/CPT code(s):			
Facility Name:		Tax ID:	
<input type="checkbox"/> Inpatient*	Number of Days Requested:	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Office
Date Planned:	Number of Follow-Up Visits Needed:		
*BlueChoice considers 23-hour observation as a one-day inpatient length of stay.			
Fax this form to BlueChoice HealthPlan at 800-610-5685.			

BlueChoice HealthPlan is an independent licensee of the BlueCross and BlueShield Association.

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COMPLETING A PRECERTIFICATION/REFERRAL THROUGH MY INSURANCE MANAGER

These pages contain instructions on how to complete a precertification request in My Insurance Manager.

Home My INSURANCE MANAGER SM

Logged-in as: Dr.Davis Blue (Facility Name) [Modify Profile](#) [Logout](#)

Patient Care Office Management Resources Profile Administration

Health

- ▶ Authorization Extension
- ▶ Authorization Status
- ▶ Claim Status
- ▶ Eligibility and Benefits
- ▶ Institutional Claim Entry
- ▶ Other Health Insurance
- ▶ Patient Directory
- ▶ Pre-Certification/Referral
- ▶ Professional Claim Entry
- ▶ Superbill Maintenance
- ▶ Verify Primary Care Physician

Dental

- ▶ Claim Status
- ▶ Dental Claim Entry
- ▶ Eligibility and Benefits
- ▶ Other Dental Insurance
- ▶ Patient Directory
- ▶ Pre-Treatment Estimate Entry
- ▶ Pre-Treatment Estimate Status

Welcome to My Insurance Manager! We've updated several transactions to be compliant with the Health Information Portability and Accountability Act (HIPAA)

Please take a few minutes to familiarize yourself with our new design. Thank you for using My Insurance Manager!

[Site Map](#) [Privacy & Legal](#)

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan are independent licensees of the Blue Cross and Blue Shield Association.

To initiate a precertification or referral request, from the Patient Care menu, choose Pre-certification/Referral.

Please note: If you navigate away from a precertification or referral request without completing and submitting it, your information will be lost and you will need to start over. We do not save partially completed requests in My Insurance Manager.

Pre-Certification/Referral

* Indicates required field.

Please note: If you navigate away from a pre-certification or referral request without finishing and submitting it, your information will be lost and you will need to start over. We will not save partially completed requests on our system.

Patient Selection

* Health Plan:

BlueCross BlueShield Plans

* Member ID:

999574317

include alpha prefix, if applicable

* Patient's Date of Birth:

10/01/1958

mm/dd/yyyy

Patient Gender:

Please note: You can submit:

- Non-behavioral Health Treatment Pre-certifications up to three days in the past and one year in the future.
- Behavioral Health Treatment requests up to five days in the past and one year in the future.
- Requests for Referrals with today's date or up to one year ahead.

* Date of Service or Admission Date:

01/17/2012

mm/dd/yyyy

* Location:

The Best Hospital Medical Center

Select

Primary ID:

123456789

Continue

Select the appropriate health plan. Then, enter the Member ID, Patient's Date of Birth, the Date of Service and your location. Click Continue.

Pre-Certification/Referral

* Indicates required field.

Please note: If you navigate away from a pre-certification or referral request without finishing and submitting it, your information will be lost and you will need to start over. We will not save partially completed requests on our system.

Our records show there is more than one patient with a date of birth similar to the one you entered. Please enter the patient's full name and select Continue.

Patient Selection

* Health Plan:

BlueCross BlueShield Plans

* Member ID:

495885097

* Patient's Date of Birth:

09/05/2011

Patient Gender:

* Date of Service or Admission Date:

01/19/2012

* Last Name:

First Name:

(recommended)

* Location:

The Best Hospital

Select

Primary ID:

123456789

Continue

or [Cancel](#)

If your patient has the same date of birth as other policy members (i.e., twins), you'll see additional fields where you need to enter the Patient's Last Name and First Name. This helps make sure the appropriate member receives the precertification.

[Printer-Friendly](#)

Pre-Certification/Referrals

* Indicates required field.

Date of Service

01/19/2012

Insurance

Plan Name:

BlueCross BlueShield Plans

Member ID:

ZCZ065922516805

Patient

Patient's Name:

MICHAEL TESTING

Date of Birth:

10/01/1958

[Change Patient](#)**Request Type**

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

- ☒ Procedure
- ☐ Non-Procedure
- ☐ Behavioral Health Treatment

Where will this service take place?

- ☒ Inpatient Hospital
- ☐ Outpatient Facility

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#)[Ask Health Care Services](#)

or

Select the type of service you are requesting. Then, select the type of facility where the service will take place.

Fast-Track Requests[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [All](#)

52 Results

A&P REPAIR/SLING	Detail
ABDOMINAL AORTIC ANEURYSM	Detail
ANTERIOR CERVICAL DECOMPRESSION	Detail
AORTIC VALVE REPLACEMENT	Detail
APPENDECTOMY/NOT PERFORATED	Detail
APPENDECTOMY/RUPTURED	Detail
ARTHRODESIS-CERVICAL THORACIC LUMBAR	Detail
BREAST RECONSTRUCT-GRAFT/FLAP	Detail
C-SECTION, BCBSSC	Detail
C-SECTION: STATE NOTIFICATION	Detail
CABG	Detail

Don't see the results you're looking for? [Submit a customized pre-certification request](#)

Please note: If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.

You will see this screen. You can select your procedure from the Fast Track option. If your procedure is not listed under Fast Track, you can choose to submit a customized precertification

Pre-Certification/Referrals

Date of Service

01/19/2012

* Indicates required field.

Please note: You can change the current results by entering a valid National Provider Identifier (NPI) or by performing a search.

Insurance

Plan Name:

BlueCross BlueShield Plans

Member ID:

ZCZ065922516805

Fast-Track Request

Request:

AORTIC VALVE REPLACEMENT

If you selected your procedure through Fast Track, the information will display here. Note that most of your information will be pre-populated except for the Practice. You can enter the name of the Practice or click Search to find it. Also, be sure to include the Rendering Provider's information.

Other Information

Please complete this information:

Level of Service:

E - ELECTIVE

Release of Information:

Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELA

Patient

Patient's Name:

MICHAEL TESTING

Date of Birth:

10/01/1958

Change Patient

Facility

Please make sure this is the location where the service will take place.

* Facility Providing Service:

123456789

Select

Address:

The Best Hospital Medical Center
123 Best Street
Best, USA 12345-1234

Provider

Please make sure this provider will perform the service.

Individual Rendering Service:

Select

Address:

Practice

Please make sure this practice will be responsible for this service.

* Group Practice:

Select

Address:

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

Continue or Back

Health Care Finder - Practice Search

For this type of authorization, you must identify the practice that will be responsible for the service.

Search Type:
GROUP/PROVIDER PRACTICE

* Specialty:
 --Please Choose One--

Location
 Please enter the State, as well as the City and/or the County.

* State: South Carolina City: County: --Please Choose One--

Provider's Name:
 must have at least two letters

Search

Complete the required fields and click Search.

Health Care Finder - Affiliated Entity

Results: 23 found.

Select	Health Care Facility	Address	City, State & ZIP Code	Telephone
<input type="radio"/>	Bob Best	125 Best Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Bobby Best	1 Best Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Susie Better	25 Best Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Tony Bestie	25 Best Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Tom Best	25 Best Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Bob Nice	125 Best Street	Best Town, Best 12345	123-555-5555

Continue or [Back](#)

The results will display office locations. Once you select a provider location, a list of affiliated providers will display. Make a selection and click Continue. The information will then become a part of your precertification request.

Health Care Finder - Practice Search

Results: 33 found.

Select	Health Care Facility	Address	City, State & ZIP Code	Telephone
<input type="radio"/>	Provider Office 1	1 Paper Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Provider Office 1	1 Paper Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Provider Office 1	1 Paper Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Provider Office 1	1 Paper Street	Best Town, Best 12345	123-555-5555
<input type="radio"/>	Provider Office 1	5 Paper Street	Best Town, Best 12345	123-555-5551

Continue or [Back](#)

Printer-Friendly

Pre-Certification/Referrals

* Indicates required field.

Date of Service
01/19/2012

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING
Date of Birth:
10/01/1958

Change Patient

Diagnosis Information
Please choose the most appropriate diagnosis code for this request.
Principal Diagnosis:

Add Additional Diagnosis Codes
Clinical Information
If you need to identify the department within your organization that made this request, please enter a department identifier.
264 character maximum

Service Type Selection
Service Type:
☐ Institutional
☐ Professional
☐ None

Additional Patient Level Information
From Event Date:
mm/dd/yyyy
Continue or Back

Date of Service
01/19/2012

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING
Date of Birth:
10/01/1958

Change Patient

Diagnosis Information
Please choose the most appropriate diagnosis code for this request.
Principal Diagnosis:
7800
Date of Diagnosis:
01/03/2012
Search
Add Additional Diagnosis Codes
Clinical Information
If you need to identify the department within your organization that made this request, please enter a department identifier.
244 characters remaining
Patient needs help.
264 character maximum

Service Type Selection
Service Type:
☒ Institutional
☐ Professional
☐ None

Institutional Service Line Information 1
Place Of Service:
13 - HOSPITAL - OUTPATIENT
Service Line Revenue Code:
Procedure Code Type:
HC - HEALTH CARE FINANCING ADMINISTRATION COMMON PROCEDURAL CODING SYSTEM (HCPCS) C
Code:
0256T - IMPLANTATION OF CATHETER-C
Last Code, if range:
Search
Modifiers:
Procedure Description:
Unit Type:
--Please Choose One--
Quantity:
From Date of Service:
01/19/2012
To Date of Service:
mm/dd/yyyy
Service Line Amount:
\$
Service Line Rate:
\$
Service Type:
--Please Choose One--
Nursing Home Residential Status Code:
Level of Care Code:
--Please Choose One--
Facility [+]
Provider [+]
Practice [+]
Additional Notes [+]
Please enter any additional information regarding this request.
264 character maximum
Add Service Line
Additional Patient Level Information [+]
From Event Date:
To Event Date:
Discharge Date:
mm/dd/yyyy
Continue or Back

If you want to submit a customized request, enter the appropriate information and click Continue.

Pre-Certification/Referrals

Printer-Friendly

Date of Service
01/19/2012

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING
Date of Birth:
10/01/1958
[Change Patient](#)

* Indicates required field.

Authorization Verification

Please review the information you have given us for this authorization request.

Please note: All contracts reimburse differently depending upon the network status of the provider. Always verify benefits prior to the delivery of services.

[Patient/Provider Information](#) [Procedure/Service Information](#)

Patient's Information

Health Plan: BlueCross BlueShield Plans Member's ID: ZCZ065922516805 Gender: MALE Date of Service: 01/19/2012
The Member is a: SUBSCRIBER Patient's Name: MICHAEL TESTING Patient's Date of Birth: 10/01/1958

Confirm the information you entered and click Submit.

Requester's Information

Identification Type: National Provider Identifier Identification Codes: 123456789
Last Name / Organization: THE BEST HOSPITAL MEDICAL CENTER
First Name: M.I. Suffix:
Address: 123 Best Street Best Town, SC 12345
[Edit This Information](#)

Contact

Entity Identifier Code: FACILITY Entity Type Qualifier: NON PERSON
Contact Name: Best Medical Center
Primary Contact Type: 803- 264- 1111 Secondary Contact Type: Telephone Extension 1234
[Edit This Information](#)

Health Care Provider Information

Facility
Referred To: Tom Best Provider Type: FACILITY / NON PERSON Address: 123 Best Street, Suite 2 Best Town, SC 12345
Entity Identifier Code: FA - Facility Entity Type Qualifier: NON PERSON
Provider
Referred To: Susie Best Provider Type: SERVICE PROVIDER / PERSON Address: 1900 Good Street Best Town, SC 12345
Entity Identifier Code: SJ - Service Provider Entity Type Qualifier: PERSON
[Add/Edit Contact Information](#)
Practice
Referred To: Best Provider Provider Type: GROUP PRACTICE / NON PERSON Address: 1 23 Street Town Near You, SC 12345
Entity Identifier Code: QV - Group Practice Entity Type Qualifier: NON PERSON

Contact Information

Please give us a phone number where we can reach you in case we have questions.

* Primary Contact: (803) 264 - 1111 Ext: 1234

[Add/Edit Additional Patient Level Information](#)

[Submit](#) or [Back](#)

Pre-Certification/Referrals

Date of Service

01/19/2012

Insurance

Plan Name:

BlueCross BlueShield Plans

Member ID:

ZCZ065922516805

Patient

Patient's Name:

MICHAEL TESTING

Date of Birth:

10/01/1958

[Change Patient](#)**Authorization Confirmation**

The customized authorization will not automatically approve. It is in a pending status even if the information does not have errors. From here you can submit another authorization request or print the confirmation of your current authorization.

eligibility for coverage. We will review all claims to verify that:

- a. The pre-authorization request and the claim information you submit are consistent.
- b. The patient is eligible for benefits at the time of treatment.
- c. The patient's health plan covers the services he or she receives.
- d. All health plan requirements have been satisfied (e.g. limitations, waiting periods, copayments, deductibles, network eligibility, etc.)

We will pay claims in accordance with these findings.



We have received your pre-certification request and forwarded it to Medical Services for review. Please check back in two days for a response. Thank you!

[New Authorization](#)or [Print Confirmation](#)