



P.O. Box 1106  
Lewiston, ID 83501

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

April 29, 2011

**Revised Pre-authorization requirements effective August 1, 2011**

Dear physician, dentist, other health care professional and facilities:

We recently evaluated our medical pre-authorization requirements and identified several additions to our [Group and Individual Products list](#). The following additions are effective August 1, 2011:

Procedure	Codes	Policy used for determination
Hysterectomy	<b>CPT 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573</b>	Milliman Care Guidelines
Hyperbaric oxygen therapy	<b>CPT 99183 and HCPCS C1300</b>	New Regence Medical Policy effective August 1
Intensity modulated radiation therapy (IMRT)	<b>CPT 77301, 77338, 77418, 0073T</b>	New Regence Medical Policy effective August 1
Temporomandibular joint (TMJ) surgical interventions	<b>CPT 21010, 21050, 21060, 21116, 29800, 29804, 21240, 21242, ,21243</b>	Milliman Care Guidelines
Negative pressure wound therapy	<b>CPT 97605, 97606</b>	New Regence Medical Policy effective August 1
<b>Durable Medical Equipment:</b>		
Negative pressure wound therapy pump	<b>HCPCS E2402 and A6550</b>	New Regence Medical Policy effective August 1
Wearable cardioverter defibrillator	<b>HCPCS K0606 and CPT 93745</b>	New Regence Medical Policy effective August 1
Oscillatory chest compression devices	<b>HCPCS E0483, E0481, E0484, S8185</b>	New Regence Medical Policy effective August 1
Continuous airway pressure (CPAP) device, respiratory assist device; bilevel BiPap	<b>HCPCS E0601, E0470, E0471</b>	Milliman Care Guidelines
Osteogenesis stimulators, ultrasonic	<b>HCPCS E0760</b>	Milliman Care Guidelines

Effective August 1, we are also strengthening some of our pre-authorization requirements. The following services will require pre-authorization **prior** to patient admission:

- Skilled nursing facility admissions
- Mental health and chemical dependency residential treatment center admissions for psychiatric and/or substance abuse conditions

Changes outlined in this notification do not currently apply to the Federal Employee Program (FEP), Regence MedAdvantage or to our Medigap products, Regence Bridge. We are, however, evaluating additional revisions necessary for our Regence MedAdvantage product and will provide more details in our June *The Connection Online*<sup>SM</sup> newsletter. This publication will be available in the Library section of our *Provider Web Site*. You can also [subscribe online](#) to receive our newsletter via email.

Before requesting pre-authorization, please verify eligibility and benefits through the Provider Center. Regence reimbursement policies may affect how claims are reimbursed and payment of benefits is subject to all plan provisions, including eligibility and benefits. The complete pre-authorization lists are available on our *Provider Web Site* in the Care Management section, under [Pre-authorization](#). Our reimbursement and medical policies can be found online, under [Policies](#).

If you have any questions about these revisions, please contact your provider consultant. The phone number for your provider consultant is available in the [Contact Us](#) section of our *Provider Web Site* at **[www.id.regence.com/physician](http://www.id.regence.com/physician)**.

Sincerely,

A handwritten signature in black ink that reads "Scott W. Clement". The signature is written in a cursive style with a large, sweeping initial "S".

Scott W. Clement  
Vice President  
Provider Services