

# Medical Pre-Authorization List

## Provider Services

# Regence BlueShield of Idaho Commercial Products (Participating, Preferred and Selections)

Effective January 1, 2007



### Important Pre-authorization Reminders:

- 1 Before requesting pre-authorization, please verify eligibility, benefits and medically managed delegation services through Customer Service.
- 2 Verification of member eligibility is valid if obtained within five business days of service except in the case of misrepresentation.
- 3 Member contracts determine benefits. Contract exclusions will not be pre-authorized. Denials may be appealed through Customer Service.
- 4 Pre-authorizations obtained within 90 business days prior to service are valid except in the case of a misrepresentation.
- 5 Medical policies related to specific pre-authorization requirements may be available online at [www.regence.com/trgmedpol](http://www.regence.com/trgmedpol).

Phone: (208) 750-2787

Toll free: 1 (800) 351-2370

Fax: (208) 750-2550

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# Regence

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

# Commercial Products

Effective January 1, 2007

## Mental Health and Chemical Dependency

All Participating, Preferred and Selections members (except FEP)

Phone: 1 (800) 780-7881

Fax: 1 (800) 331-3505

- **Inpatient/partial/residential** admissions require notification. Concurrent review will occur after eight days.

FEP members

Phone: 1 (866) 873-9743

Fax: 1 (800) 331-3505

- **Outpatient** Basic option at first visit; Standard option at ninth visit

## Durable Medical Equipment (DME)

- **Equipment purchase or repair** with billed charges over \$1,500 for any single line item or component unless listed as an exception (see below)
- **Equipment rental** with billed charges over \$500/month for any single line item or component unless listed as an exception
- **Extremity prosthetics** with billed charges over \$5,000 for any single line item or component
- **Exceptions (the following items do not require pre-authorization, regardless of line item charges)**  
Apnea monitors, bilirubin lights, cardiac monitors, CPAP/BiPAP, CPM (knee only), dynamic splints, home dialysis equipment, infusion pumps, insulin pumps, ocular prostheses, orthotics, oxygen and oxygen equipment, psoriasis lights, SIDS monitors, suction pumps, ventilators (including maintenance)

## Home Services

- **Home health services**  
Required after 10 collective visits of all provider types
- **Hospice**  
Including level of care changes

## Inpatient Admissions

- **All hospital admissions require notification.** Concurrent review will occur after seven days.
- **Long term acute care facility (LTAC)**
- **Rehabilitation**
- **Skilled nursing facility (SNF)**
- **Transplants and ventricular assist devices** (pre-authorization not required for corneal transplants)

## Other Services

- **Cosmetic or potentially cosmetic procedures** (pre-authorization not required for initial breast reconstruction one or two stages and nipple/areola reconstruction following mastectomy)
- **Obesity surgery**
- **Orthognathic surgery**
- **Sleep apnea surgery**
- **Investigational or potentially investigational services** may not be covered under the member's contract. However, pre-authorization is recommended for any policy that has specific medical necessity criteria in addition to the experimental and investigational language.

## Pregnancy

Providers are required to notify Special Beginnings<sup>®</sup> of pregnancies within two weeks of the member's first prenatal visit.

Toll free: 1 (888) 569-2229

Fax: (503) 391-8696

A list of these services and their respective medical policies can be found at: [www.regence.com/trgmedpol/investigationalServices/index.html](http://www.regence.com/trgmedpol/investigationalServices/index.html). The above list is not all inclusive, please call for specifics.

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