

# Medicare Pre-Authorization List

Provider Services

## Regence BlueShield of Idaho Medicare Products (MedAdvantage and HealthSense Sixty-Five)

Effective July 1, 2007



### Important Pre-authorization Reminders:

- 1 Before requesting pre-authorization, please verify eligibility and benefits through Customer Service for MedAdvantage members at 1 (800) 541-8981, or for HealthSense Sixty-Five members at 1 (800) 632-2022 or (208) 746-2671.
- 2 Member contracts determine benefits. Contract exclusions will not be pre-authorized. Denials may be appealed through Customer Service.
- 3 Pre-authorizations are valid except in the case of a misrepresentation.

**Toll free: 1 (800) 824-8563**  
**Fax: 1 (800) 453-4341**

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# Regence

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

# Medicare Products

Effective July 1, 2007

## Mental Health and Chemical Dependency

- MedAdvantage
- HealthSense Sixty-Five

All facility admissions require notification. Concurrent review will occur after eight days.

Phone: 1 (800) 547-9718

Fax: 1 (800) 331-3505

## 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 (pre-authorization not required regardless of line item charges)** Apnea monitors, bilirubin lights, cardiac monitors, CPAP/BiPAP, 21 days 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 agencies** are required to fax monthly Notice of Medicare Non Coverage (NOMNC) on discharge from services. No pre-authorization required.

## Inpatient Admissions

- **All hospital admissions require notification** (except HealthSense Sixty-Five). 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 blepharoplasty or 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** (not accepted by Medicare as reimbursable given lack of acceptance of standard of care in the community)

Check the *Provider Web Site* at [www.id.regence.com/physician](http://www.id.regence.com/physician) for a list of procedures identified to meet the criteria by Medicare.

## Please note:

### MedAdvantage for non-participating or out-of-plan providers:

pre-authorization is recommended but not required.

### HealthSense Sixty-Five:

notice of admission and discharge is required to be faxed monthly for skilled nursing facility, home health and comprehensive outpatient rehabilitation facilities (CORF). Notification should include admit/discharge date, provider, member name/ID and diagnosis.

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