

Medical Pre-Authorization List

Provider Services

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

Effective July 1, 2007



Important Pre-authorization Reminders

Some member contracts have specific pre-authorization requirements. The member's contract language will apply.

- 1 Before requesting pre-authorization, please verify eligibility and benefits 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 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 are available online at www.regence.com/trgmedpol.

Phone: (208) 750-2787

Toll free: 1 (800) 351-2370

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

Commercial Products

Effective July 1, 2007

Mental Health and Chemical Dependency

All Participating, Preferred and Selections members (except FEP)

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

Toll free: 1 (800) 780-7881

Fax: 1 (800) 331-3505

FEP members

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

Toll free: 1 (866) 873-9743

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 (the following items do not require pre-authorization, 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)

Hospice

- **Hospice Services**
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)

Pregnancy

Providers are required to notify Special Beginnings[®] of pregnancies within two weeks of the member's first prenatal visit.

Toll free: 1 (888) 569-2229

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 investigational language.

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

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