

Medicare Pre-Authorization List

Provider Services

Regence BlueShield of Idaho Medicare Products (Regence MedAdvantage & HealthSense 65)

Effective November 1, 2008

Important Pre-authorization Reminders:

Urgent/Emergent services do not require pre-authorization.

- 1 Before requesting pre-authorization, please verify eligibility and benefits via Regence Online Services for Providers.
- 2 Member contracts determine benefits. Contract exclusions will not be pre-authorized. Denials may be appealed through Customer Service.
- 3 Pre-authorizations obtained within 30 business days prior to service are valid except in the case of a misrepresentation.

Toll free: 1 (800) 824-8563

Fax: 1 (800) 453-4341

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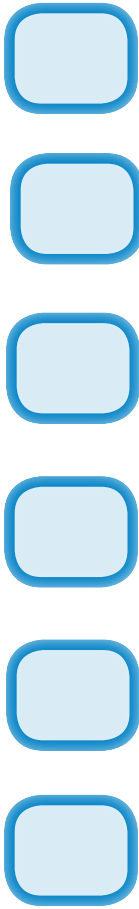
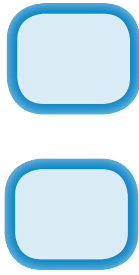


Regence

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

Medicare Products

Effective November 1, 2008



Mental Health and Chemical Dependency

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 is not required 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) and vacuum assisted wound closure.

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 and kidney transplants)

Phone: 1 (800) 560-0749
Fax: 1 (800) 584-0689

Home Services

- **Home health agencies** are required to fax the *Notice of Medicare Non Coverage (NOMNC)* on discharge from services.
No pre-authorization required.

Other Services

- **Obesity surgery**
- **Orthognathic surgery**
- **Potentially cosmetic procedures** (pre-authorization not required for blepharoplasty or initial breast reconstruction one or two stages and nipple/areola reconstruction following mastectomy)
- **Potentially investigational services** (not accepted by Medicare as reimbursable given lack of acceptance of standard of care in the community)
- **Sleep apnea surgery**

A list of procedures identified to meet Medicare criteria is available on our *Provider Web Site* at www.id.regence.com/physician. It is located in the Care Management section, under Pre-authorization.

Please note:

Regence MedAdvantage for non-participating or out-of-plan providers: Pre-authorization is recommended but not required.

HealthSense 65:

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, patient name/ID and diagnosis.

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