

SERVICES REQUIRING PREAUTHORIZATION

Members should present their *identification card* to their health care *provider* when medical services or items are requested. When members use a *participating provider* (including a BlueCard facility *participating provider* providing **inpatient services**), the *participating provider* will be responsible for obtaining the *preauthorization*. If members use a *non-participating provider* or a BlueCard *participating provider* providing **non-inpatient services**, the *non-participating provider* or BlueCard *participating provider* may call for *preauthorization* on the *member's* behalf; however, it is ultimately the *member's* responsibility to obtain *preauthorization*. *Providers* and *members* should call Keystone Health Plan Central's Clinical Management Department toll-free at **1-800-471-2242** to obtain the necessary *preauthorization*.

Providers/Members should request *Preauthorization* of non-urgent admissions and services well in advance of the scheduled date of service (15 days). *Investigational* or experimental procedures are not usually covered benefits. *Members* should consult their *Certificate of Coverage*, *Keystone Health Plan Central's Medical Policies*, or contact Customer Service at the number listed on the back of their health plan identification card to confirm *coverage*. *Participating providers* and *members* have full access to *Keystone Health Plan Central* medical policies and may request *preauthorization* for experimental or *investigational* services/items if there are unique *member* circumstances.

Keystone Health Plan Central only pays for services and items that are considered *medically necessary*. *Providers* and *members* can reference *Keystone Health Plan Central* medical policies for questions regarding *medical necessity*.

The attached list gives categories of services for which *preauthorization* is required, as well as specific examples of such services. For a listing of services currently requiring *preauthorization*, members may consult [list of services](#).

PREAUTHORIZATION OF MEDICAL SERVICES INVOLVING URGENT CARE

If the *member's* request for *preauthorization* involves *urgent care*, the *member* or the *member's provider* should advise *Keystone Health Plan Central* of the urgent medical circumstances when the *member* or the *member's provider* submits the request to *Keystone Health Plan Central* Clinical Management Department. *Keystone Health Plan Central* will respond to the *member* and the *member's provider* no later than seventy-two (72) hours after *Keystone Health Plan Central* Clinical Management Department receives the *preauthorization* request.

PREAUTHORIZATION PENALTY APPLICABILITY

Failure to obtain *preauthorization* for a service could result in a payment reduction or denial for the *provider* and *benefit* reduction or denial for the *member*, based on the *provider's* contract and the *member's Certificate of Coverage*. Services or items provided without *preauthorization* may also be subject to retrospective *medical necessity* review.

If the *member* presents his/her *ID card* to a *participating provider* in the 21-county area and the *participating provider* fails to obtain or follow *preauthorization* requirements, payment for services will be denied and the provider may not bill the *member*.

When *members* undergo a procedure requiring *preauthorization* and fail to obtain *preauthorization* (when responsible to do so), *benefits* will be provided for *medically necessary* covered services. However, in this instance, the *allowable amount* may be reduced by the dollar amount or the percentage established in the *Certificate of Coverage*.

The table that follows is a partial listing of the *preauthorization* requirements for services and procedures.

Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> • Acute care • Long-term acute care • Non-routine maternity admissions and newborns requiring continued hospitalization after the mother is discharged • Skilled nursing facilities • Rehabilitation hospitals • Behavioral Health (mental health care/ substance abuse) 	<p><i>Preauthorization</i> requirements do not apply to services provided by a <i>hospital</i> emergency room <i>provider</i>. If an <i>inpatient</i> admission results from an emergency room visit, notification must occur within two (2) business days of the admission. All such services will be reviewed and must meet medical necessity criteria from the first hour of admission. Failure to notify <i>Capital</i> of an admission may result in an administrative denial.</p> <p>Non-routine maternity admissions, including preterm labor and maternity complications, require notification within two (2) business days of the date of admission.</p>
Observation Care Admissions	<ul style="list-style-type: none"> • Notification is required for all observation stays expected to exceed 48 hours. • All observation care services will be reviewed and must meet <i>medical necessity</i> criteria for the first hour of admission. 	<p>Admissions to observation status require notification within two (2) business days.</p> <p>Failure to notify Capital BlueCross of an admission may result in an administrative denial.</p>
Diagnostic Services	<ul style="list-style-type: none"> • Genetic disorder testing except: standard chromosomal tests, such as Down Syndrome, Trisomy, and Fragile X, and state mandated newborn genetic testing • Cardiac nuclear medicine studies including nuclear cardiac stress tests • CT (computerized tomography) scans • MRA (magnetic resonance angiography) • MRI (magnetic resonance imaging), • PET (positron emission tomography) scans • SPECT (single proton emission computerized tomography) scans 	<p>Diagnostic services do not require <i>preauthorization</i> when emergently performed during an emergency room visit, observation stay, or <i>inpatient</i> admission.</p>
Durable Medical Equipment (DME), Prosthetic Appliances, Orthotic Devices, Implants	<ul style="list-style-type: none"> • Purchases and repairs greater than or equal to \$500 • Rentals for DME regardless of price per unit <p>(Note: Capital BlueCross may require rental of a device for a designated time prior to purchase)</p>	<p><i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at list of services.</p>
Office Surgical Procedures When Performed in a Facility*	<ul style="list-style-type: none"> • Aspiration and/or injection of a joint • Colposcopy • Treatment of warts • Excision of a cyst of the eyelid (chalazion) • Excision of a nail (partial or complete) • Excision of external thrombosed hemorrhoids; • Injection of a ligament or tendon; • Eye injections (intraocular) • Oral Surgery • Pain management (including trigger point injections, stellate ganglion blocks, peripheral nerve blocks, and intercostal nerve blocks) • Proctosigmoidoscopy/flexible Sigmoidoscopy; • Removal of partial or complete bony impacted teeth (if a benefit); • Repair of lacerations, including suturing (2.5 cm or less); • Vasectomy • Wound care and dressings (including outpatient burn care) 	

Category	Details	Comments
Outpatient Surgery for Select Procedures	<ul style="list-style-type: none"> • Weight loss surgery (Bariatric) • Meniscal transplants, allografts and collagen meniscus implants (knee) • Ovarian and Iliac Vein Embolization • Photodynamic therapy • Radioembolization for primary and metastatic tumors of the liver • Radiofrequency ablation of tumors • Transcatheter aortic valve replacement • Valvuloplasty 	<p>The items listed are those items or services most frequently requested. This list is not all inclusive.</p> <p><i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at list of services.</p>
Therapy Services	<ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Manipulation therapy (chiropractic and osteopathic) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs • Radiation therapy and related treatment planning and procedures performed for planning (such as but not limited to IMRT, proton beam, neutron beam, brachytherapy, 3D conform, SRS, SBRT, Gamma knife, EBRT, IORT, IGRT, and hyperthermia treatments) 	
Reconstructive or Cosmetic Services and Items	<p>Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy)</p> <p>Breast Procedures</p> <ul style="list-style-type: none"> • Breast Enhancement (Augmentation) • Breast Reduction • Mastectomy (Breast removal or reduction) for Gynecomastia • Breast Lift (Mastopexy) • Removal of Breast implants <p>Correction of protruding ears (Otoplasty)</p> <p>Repair of nasal/septal defects (Rhinoplasty/Septoplasty)</p> <p>Skin related procedures</p> <ul style="list-style-type: none"> • Acne surgery • Dermabrasion • Hair removal (Electrolysis/Epilation) • Face Lift (Rhytidectomy) • Removal of excess tissue around the eyes (Blepharoplasty/Brow Ptosis Repair) • Mohs Surgery when performed on two separate dates of service by the same <i>provider</i> <p>Treatment of Varicose veins and venous insufficiency</p>	<p>The items listed are those items or services most frequently requested. This list is not all inclusive.</p> <p><i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at list of services.</p>
Investigational and Experimental procedures, devices, therapies and pharmaceuticals		<p><i>Investigational or experimental</i> procedures are not usually covered benefits. <i>Members and providers</i> may request <i>preauthorization</i> for <i>experimental</i> or <i>investigational</i> services/items if there are unique <i>member</i> circumstances.</p>
New to market procedures, devices, therapies, and pharmaceuticals		<p><i>Preauthorization</i> is required during the first two (2) years after a procedure, device, therapy or pharmaceutical enters the market. <i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at list of services</p>
Medical Injectables		<p><i>Members and providers</i> may view a listing of the specialty medical injectable medications currently requiring <i>preauthorization</i> at list of services</p>

Category	Details	Comments
Transplant Surgeries	Evaluation and services related to transplants	<i>Preauthorization</i> will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.
Select Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • Transcranial Magnetic Stimulation (TMS) • Partial Hospitalization • Intensive Outpatient Programs 	
Other Services	<ul style="list-style-type: none"> • Bio-engineered skin or biological wound care products • Category IDE trials (Investigational Device Exemption) • Clinical trials (including cancer related trials) • Enhanced external counterpulsation (EECP) • Home health care • Home infusion therapy • Eye injections (Intravitreal angiogenesis inhibitors) • Laser treatment of skin lesions • Non-emergency air and ground ambulance transports • Radiofrequency ablation for pain management • Facility based sleep studies for diagnosis and medical Management of obstructive sleep apnea • Specialty medical injectable medications • Enteral feeding supplies and services. 	

PLEASE NOTE: This listing identifies those services that require *preauthorization* only as of the date it was printed. This listing is subject to change. *Members* should call *Keystone Health Plan Central* at 1-800-962-2242 (TTY: 711) with questions regarding the *preauthorization* of a particular service.

This information highlights the standard Preauthorization Program. *Members* should refer to their *Certificate of Coverage* for the specific terms, conditions, exclusions and limitations relating to their *coverage*.