



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

# Services That Require Authorization

Authorization requirements  
for members with Blue Cross Medicare Plus Blue<sup>SM</sup> PPO  
or Blue Cross Medicare Plus Blue<sup>SM</sup> Group PPO coverage

For more complete information about care management and utilization management requirements, refer to the [Blue Cross Medicare Plus Blue PPO Provider Manual](#).

## Section 1: Authorization requirements

Authorization requests for non-urgent medical services must be submitted at least 14 days prior to services being rendered. **Note:** This list is not all-inclusive. In addition, authorization of a service based on the clinical information provided does not guarantee payment. When the claim for the service is submitted, it may be subject to edits including, but not limited to, edits for diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

Services	Requirements
Cardiac imaging (echocardiography)	Authorization is required for select cardiac imaging procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="#">list of procedure codes</a> managed through the AIM Radiology Management Program. Contact AIM Specialty Health at 1-800-728-8008.
● Cranial neurostimulator pulse generator (deep brain stimulation), insertion or replacement	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">deep brain stimulation questionnaire</a> .
● Endovascular intervention, peripheral artery	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">endovascular intervention questionnaire</a> .
● Hammertoe surgery	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">hammertoe surgery questionnaire</a> . The diagnosis codes are listed in a footnote attached to the list of procedure codes, in Section 2 of this document.
● Gastric stimulation	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">gastric pacing / stimulation questionnaire</a> .
Inpatient admissions for medical diagnoses to acute care facilities	Preauthorizations and approvals for extensions are required. Providers should notify Blue Cross Medicare Plus Blue PPO of emergency admissions within one business day. Submit the request through the e-referral system effective July 31, 2017. (Note: Previously a notification was submitted through web-DENIS.)
Inpatient admissions for mental health and substance use disorders	Preauthorizations and approvals for extensions are required. Call Blue Cross Medicare Plus Blue PPO Behavioral Health at 1-888-803-4960.
Inpatient admissions for post-acute care services (inpatient rehabilitation, skilled nursing facility and long-term acute care hospital)	Authorization is required: <ul style="list-style-type: none"> <li>• For services performed in the state of Michigan, submit the request to eviCore healthcare.</li> <li>• For services performed outside of Michigan, fax the request to 1-866-464-8223.</li> </ul>
● Joint replacement (initial or revision, total – hip or knee)	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">appropriate questionnaire</a> .
● Joint replacement (initial), total – shoulder	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">appropriate questionnaire</a> .
Medications covered under the medical benefit (Medicare Part B)	For these requirements, refer to the <a href="#">Medicare Advantage PPO medical drug policies and forms</a> . For additional information: <ul style="list-style-type: none"> <li>• Refer to the <a href="#">Medical Benefit Drugs-Pharmacy page</a> in the Blue Cross section at <a href="#">ereferrals.bcbsm.com</a>.</li> <li>• Log in to Provider Secured Services and click <i>Medicare Advantage PPO Medical Benefit – Medication Prior Authorization</i> on the welcome page.</li> </ul>



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Services	Requirements
● Nasal sinus endoscopy (sinusotomy or ethmoidectomy)	Authorization is required effective July 31, 2017. Submit the request through the e-referral system. Use the e-referral system to submit the request and complete the <a href="#">sinusotomy questionnaire</a> or the <a href="#">ethmoidectomy questionnaire</a> , as appropriate.
● Noncoronary vascular stents	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">noncoronary vascular stents questionnaire</a> .
Pain management (interventional)	Authorization is required by eviCore healthcare for services performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of <a href="#">Procedures that require clinical review by eviCore healthcare</a> and the <a href="#">guidelines for services reviewed by eviCore healthcare</a> .  Additional information is available on the <a href="#">eviCore-Managed Procedures page</a> in the Blue Cross section at <a href="#">ereferrals.bcbsm.com</a> .
Partial hospitalization and intensive outpatient program for mental health and substance use disorders	Preauthorizations and approvals for extensions are required. Call Blue Cross Medicare Plus Blue PPO Behavioral Health at 1-888-803-4960.
Physical and occupational therapy (outpatient)	Authorization is required by eviCore healthcare. Refer to the list of <a href="#">Procedures that require clinical review by eviCore healthcare</a> and the <a href="#">guidelines for services reviewed by eviCore healthcare</a> .  Additional information is available on the <a href="#">eviCore-Managed Procedures page</a> in the Blue Cross section at <a href="#">ereferrals.bcbsm.com</a> .
Radiation therapy	Authorization is required by eviCore healthcare for services performed for adult members in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of <a href="#">Procedures that require clinical review by eviCore healthcare</a> and the <a href="#">guidelines for services reviewed by eviCore healthcare</a> .  Additional information is available on the <a href="#">eviCore-Managed Procedures page</a> in the Blue Cross section at <a href="#">ereferrals.bcbsm.com</a> .  Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.
● Sacral nerve stimulation	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">sacral nerve stimulation questionnaire</a> .
● Spinal cord stimulator or intrathecal or epidural catheter (trial or permanent placement)	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">neurostimulator implantation questionnaire</a> .
Radiology	Authorization is required for select radiology procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="#">list of procedure codes</a> managed through the AIM Radiology Management Program. Contact AIM Specialty Health at 1-800-728-8008.  Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.



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## Section 1: Authorization requirements

Services	Requirements
Spinal surgery	Authorization is required by eviCore healthcare for select spinal surgery services in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of <a href="#">Procedures that require clinical review by eviCore healthcare</a> and the <a href="#">guidelines for services reviewed by eviCore healthcare</a> .  Additional information is available on the <a href="#">eviCore-Managed Procedures page</a> in the Blue Cross section at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Stimulation, gastric	See "Gastric stimulation."
Stimulation, sacral nerve	See "Sacral nerve stimulation."
Transcatheter placement of intravascular stents	See "noncoronary vascular stents."
Vascular embolization or occlusion (TACE, RFA or UAE)	Authorization is required effective July 31, 2017. Use the e-referral system to submit the request and complete the <a href="#">TACE / RFA / UAE questionnaire</a> .

### Contact information: Blue Cross Medicare Plus Blue PPO

Purpose	Contact information
Behavioral Health – Request authorization	1-888-803-4960
Care Management – Request authorization for select surgical procedures	1-800-392-2512
PARS – Verify eligibility and benefits and check the status of claims and for questions about inpatient acute care admissions	1-866-309-1719
Pharmacy Clinical Help Desk – Request authorization for Part B and Part D medications	1-800-437-3803

Note: PARS is the Blue Cross Provider Automated Response System.



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## Section 1: Authorization requirements

### Contact information: Vendors

Vendor	Service	Contact information
AIM Specialty Health	Reviews authorization requests for select radiology and cardiac imaging	<a href="http://aimspecialtyhealth.com">aimspecialtyhealth.com</a> 1-800-728-8008
eviCore healthcare	Reviews authorization requests for select interventional pain management, spinal surgery, radiation therapy, physical therapy, occupational therapy and post-acute care services (SNF, rehab and LTACH admissions in Michigan facilities)	<a href="http://www.evicore.com">www.evicore.com</a> For contact information, refer to the document <a href="#">Guidelines for services reviewed by eviCore healthcare for Medicare Plus Blue PPO and Blue Care Network</a> .



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## Section 2: Codes for procedures that require authorization

The list below reflects **only** the select surgical procedures that require authorization through the e-referral system effective July 31, 2017. For all other services, see the information about AIM Specialty Health, eviCore and the pharmacy authorization program for drugs covered under the medical benefit (Part B).

Procedure codes for services that require authorization for Blue Cross Medicare Plus Blue PPO members (Note: This list is not all-inclusive.)					
*0238T	*28160†	*37224-*37231	*61580-*61581	*62360-*62362	*64590-*64595
*23470-*23472	*28285-*28286†	*37226	*61850	*63650-*63655	
*27090-*27091	*31254-*31255	*37228	*61863-*61868	*63663	
*27130-*27138	*31276	*37242-*37243	*61880	*63685	
*27446-*27447	*31295-*31297	*43647-*43648	*61886-*61888	*64561	
*27486-*27488	*37220-*37221	*43881-*43882	*62350	*64581	

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2017 American Medical Association. All rights reserved.

† These services require authorization only for the following diagnosis codes: M12.271-M12.279, M20.40, M20.42, M20.5x1-M20.62, M24.571-M24.576, M24.671, M24.676, M65.871-M65.879, M67.00-M67.02, M77.50-M77.52, M77.9, Q66.7, Q74.2, S92.521x-S92.529x and S93.121x-S93.129x.

Note: See Section 1 of this document for additional details about the services represented by these codes.



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## ● Blue Dot changes to the Blue Cross Medicare Plus Blue Services That Require Authorization document

Service / Topic	Change Description
<p>● Various</p>	<p>Statements are added that providers must complete a questionnaire in the e-referral system for certain services. A link to a preview questionnaire is provided. This applies to the following services:</p> <ul style="list-style-type: none"> <li>● Cranial neurostimulator pulse generator (deep brain stimulation), insertion or replacement</li> <li>● Endovascular intervention, peripheral artery</li> <li>● Hammertoe surgery (for specific diagnosis codes only)</li> <li>● Gastric stimulation</li> <li>● Joint replacement (initial or revision), total – hip or knee</li> <li>● Joint replacement (initial), total – shoulder</li> <li>● Nasal sinus endoscopy (sinusotomy or ethmoidectomy)</li> <li>● Noncoronary vascular stents</li> <li>● Sacral nerve stimulation</li> <li>● Spinal cord stimulator or intrathecal or epidural catheter (trial or permanent placement)</li> <li>● Vascular embolization or occlusion (TACE, RFA or UAE)</li> </ul>