

HMO BLUE TEXAS PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS

Effective Until June 25, 2007

Out-of-Network/Out-of-Plan Services always require medical management review. If no preauthorization or referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement.

HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network **must refer** care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network.

In-Network/In-Plan Outpatient Surgical Procedures do not require preauthorization, except procedures listed on the HMO Blue Texas Outpatient Procedure Preauthorization List on page 3. Please note that if an unplanned procedure (included on the preauthorization list on page 3) is determined to be urgently necessary during the original outpatient procedure (not requiring preauthorization), the Physician/Professional Provider must contact the Utilization Management Department within 48 hours after the procedure for a medical necessity determination.

PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS IN BLUELINK	PREAUTHORIZATION	REFERRAL
1. Facility Admissions - Hospital - Rehab - Skilled Nursing	<ul style="list-style-type: none"> BlueLINK Notification for Selected Facility Admissions 	<ul style="list-style-type: none"> Certain Facility Admissions Require Medical Management Review 	
2. Obstetrical Care	<ul style="list-style-type: none"> BlueLINK Maternity Notification 		
3. Hospice	<ul style="list-style-type: none"> BlueLINK Notification 		
4. Pain Management		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review. 	
5. Cardiac Rehabilitation Preauthorization is not required for In-Network/In-Plan outpatient cardiac rehabilitation		<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no preauthorization is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network. 	
6. High Tech Outpatient Diagnostic Radiology Procedures*		<ul style="list-style-type: none"> Call American Imaging Management (AIM) for preauthorization at 1-800-859-5299. 	
7. Outpatient Surgery Preauthorization is required for outpatient procedures on the "HMO Blue Texas Outpatient Procedure Preauthorization List" on page E - 5.		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review 	
8. In-Network/In-Plan Services	<ul style="list-style-type: none"> BlueLINK Referral for ALL Primary Care Physicians (PCP) Referrals to Specialists Outside of the PCP's Call Group/Back ups 		
9. Out-of-Network/Out-of-Plan Services		<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no preauthorization is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network. 	<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network.
10. Durable Medical Equipment (DME) including Orthotics and Prosthetics (rental or purchase)		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review Except for the following items, which do not Require Preauthorization: <ul style="list-style-type: none"> Nebulizers Canes Walkers Crutches Commode Chairs Cervical Traction Units 	

*High tech outpatient diagnostic radiology procedures (CT scans, MRI/MRA scans, Nuclear Cardiology studies and PET scans) in the following Dallas/Ft. Worth counties require preauthorization: Collin, Dallas, Denton, Ellis, Grayson, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise. For preauthorization, call American Imaging Management (AIM) at 1-800-859-5299.

HMO BLUE TEXAS PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS

Effective until June 25, 2007, continued

PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS IN BLUELINK	PREAUTHORIZATION	REFERRAL
11. Home Health Services		<ul style="list-style-type: none"> • Preauthorization Requires Medical Management Review 	
12. Home Infusion Therapy		<ul style="list-style-type: none"> • Preauthorization Requires Medical Management Review 	
13. Hyperbaric Treatment		<ul style="list-style-type: none"> • Preauthorization Requires Medical Management Review 	
14. Drug/Alcohol Treatment		<ul style="list-style-type: none"> • Call Magellan for Preauthorization 1-800-729-2422 	
15. Mental Health Services		<ul style="list-style-type: none"> • Call Magellan for Preauthorization 1-800-729-2422 	
16. Physical Therapy Referral is not required for outpatient facility therapy	<ul style="list-style-type: none"> • BlueLINK Referral 		
17. Occupational Therapy Referral is not required for outpatient facility therapy	<ul style="list-style-type: none"> • BlueLINK Referral 		
18. Speech Therapy Referral is not required for outpatient facility therapy	<ul style="list-style-type: none"> • BlueLINK Referral 		
19. Sleep Studies Preauthorization is not required for In-Network/In-Plan outpatient sleep studies		<ul style="list-style-type: none"> • Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no preauthorization is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network. 	
20. Dental Procedures		<ul style="list-style-type: none"> • Preauthorization Requires Medical Management Review 	

HMO BLUE TEXAS OUTPATIENT PROCEDURE PREAUTHORIZATION LIST

Effective until June 25, 2007

Procedure	Relevant Codes
Abdominoplasty	15831, 49560
Abdominoplasty/Diastasis Recti Repair	15831, 49560, 49565, 49568, 49570, 49585, 49590
Audiant Bone Conductor (Xomed)	69710, 69711
Blepharoplasty, Blepharoptosis Repair	15820 -15823, 67900 - 67904, 67906, 67908, 67909, 67916, 67917, 67923, 67924
Breast Augmentation	19324, 19325
Breast Implant - Removal and/or Capsulectomy	19325, 19328, 19370, 19371
Breast Implant - Removal and/or Insertion	19325, 19328, 19330, 19396
Chemical Peels	15788, 15789, 15792, 15793, 17360
Chemonucleolysis	62292
Cochlear Device Implantation or Replacement	69714 – 69718
Collagen Implantation	11950 -11954
Isolated Limb Perfusion (ILP) for Malignant Melanoma	36823
Keloid or Scar Revision Surgery	11400 -11446
Mastectomy for Gynecomastia	19100, 19101, 19140
Mastopexy	19316
Morbid Obesity Surgery, including Gastroplasty	43842, 43843, 43845, 43846, 43847, 43848
Nasal Surgery	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Orthognathic Surgery, including Mandibular/Maxillary Resection for Prognathism or Micrognathism	21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21247, 21248, 21255
Otoplasty, Unilateral or Bilateral	69300
Pectus Excavatum, Pectus Carinatum	21740, 21742, 21743
Percutaneous Discectomy (or IDET)	62287, 62292
Reconstructive Mammoplasty and Contralateral Breast Surgery / Breast Procedures	11920, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499
Reduction Mammoplasty	19318
Refractive Keratoplasty	65760, 65765, 65767, 65771
Rhinoplasty	30400 - 30420, 30430 - 30450, 30460 - 30462
Sclerotherapy for Varicose Veins & Telangiectases	36468, 36469, 36470, 36471
Subcutaneous Mastectomy	19182