For Products issued by:
Capital Advantage Assurance Company®
Subsidiary of Capital Blue Cross

Preauthorization Program for Commercial Medical Benefits

SERVICES REQUIRING PREAUTHORIZATION

Members should present their identification (ID) card to their health care provider when medical services or items are requested. When members use an in-network provider (including a BlueCard® facility participating provider providing **inpatient services**), the in-network provider will be responsible for obtaining the preauthorization. If members use an out-of-network provider or a BlueCard participating provider providing **non-inpatient services**, the out-of-network 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 our Utilization Management Department toll-free at **1-800-730-7219** to obtain the necessary preauthorization. In network providers should access the provider portal to request preauthorization. Out of network and out of area providers may access the Out-of-area/network provider resources on capbluecross.com.

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 Benefits Booklet or Contract, Capital Blue Cross' Medical Policies, or contact Member Services at the number listed on the back of their ID card to confirm coverage. In-network providers and members have full access to our medical policies and may request preauthorization for experimental or investigational services/items if there are unique member circumstances.

We only pay for services and items that are considered medically necessary. Providers and members can reference our medical policies for questions regarding medical necessity. Final determination of coverage is subject to the member's benefits and eligibility on the date of service.

PREAUTHORIZATION OF MEDICAL SERVICES INVOLVING CARE THAT IS NEEDED URGENTLY

If the member's request for preauthorization involves care that is required urgently, the member or the member's provider should advise us of the urgent medical circumstances when the member or the member's provider submits the request to our Utilization Management Department. This is considered an expedited request. We will respond to the member and the member's provider no later than 72 hours after our Utilization Management Department receives the preauthorization request.

FAILURE TO OBTAIN PREAUTHORIZATION

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 Benefits Booklet or Contract. Services or items provided without preauthorization may also be subject to retrospective medical necessity review.

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

EMERGENT SERVICES AND NON-ROUTINE MATERNITY ADMISSIONS

Preauthorization requirements do not apply to services provided by a hospital emergency department provider. If an acute inpatient admission results from an emergency department visit, notification must occur within 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 us of an admission may result in an administrative denial.

Diagnostic services do not require preauthorization when emergently performed during an emergency room visit, observation stay, or inpatient admission.

Non-routine maternity admissions, including preterm labor and maternity complications, require notification within 2 business days of the date of admission.

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

The attached list provides categories of services for which preauthorization is required, as well as specific examples of such services. This list is not all inclusive. We may from time to time remove preauthorization requirements for benefits under certain dollar thresholds. For a listing of services currently requiring preauthorization, including any threshold requirements, members and providers may consult Single Source Preauthorization List.

Category	Details	Comments
Inpatient Admissions	• 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 admissions (mental health or substance use disorder diagnoses)	
Observation Care Admissions	• Notification within 2 business days is required for all observation stays expected to exceed 48 hours. • All observation care must meet medical necessity criteria from the first hour of admission.	Failure to notify us of an admission expected to exceed 48 hours may result in an administrative denial.
Diagnostic Services	• Genetic disorder testing **except**: standard chromosomal tests, such as Down Syndrome, Trisomy, and Fragile X, and state mandated newborn genetic testing. • High tech imaging such as but not limited to: 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, and SPECT (single proton emission computerized tomography) scans.	
Durable Medical Equipment (DME), Prosthetic, Appliances, Orthotic Devices, Implants		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Office Surgical Procedures When Performed in a Facility*	• 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)	The items listed are examples of services considered safe to perform in a professional provider's office. Medical necessity review is required when office procedures are performed in a facility setting. Members and providers may view a listing of services currently requiring preauthorization when performed in a facility at the Single Source Preauthorization List.

Category	Details	Comments
Outpatient Procedures/ Surgery	• 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	The items listed are examples of outpatient procedures that may be reviewed for medical necessity and or place of service. Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Rehabilitative Therapy Services	• Hyperbaric oxygen therapy (non-emergency) • Occupational therapy • Physical therapy	
Transplant Surgeries	Evaluation and services related to transplants	Preauthorization will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.
Reconstructive or Cosmetic Services and Items	• Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy) • Breast Procedures - Breast Enhancement (Augmentation) - Breast Reduction - Mastectomy (Breast removal or reduction) for Gynecomastia - Breast Lift (Mastopexy) - Removal of Breast implants • Correction of protruding ears (Otoplasty) • Repair of nasal/septal defects (Rhinoplasty/Septoplasty) • Skin related procedures - 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 provider • Treatment of Varicose Veins and Venous Insufficiency	
Medical Injectables		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Investigational and Experimental procedures, devices, therapies, and pharmaceuticals		Investigational or experimental procedures are not usually covered benefits. Members and providers may request preauthorization for experimental or investigational services/items if included on the listing of services requiring authorization.
New to market procedures, devices, therapies, and pharmaceuticals		Preauthorization may be required during the first 2 years after a procedure, device, therapy or pharmaceutical enters the market. Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.

Category	Details	Comments
Select Outpatient Behavioral Health Services	• Partial Hospitalization • Intensive Outpatient Programs • Applied Behavioral Analysis (ABA)	The items listed are examples of outpatient procedures that may be reviewed for medical necessity and or place of service. Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Other Services	• Bio-engineered skin or biological wound care products • Category IDE trials (Investigational Device Exemption) • Enhanced external counterpulsation (EECP) • Home health care • Eye injections (Intravitreal angiogenesis inhibitors) • Laser treatment of skin lesions • Non-emergency air ambulance transports • Radiofrequency ablation for pain management • Facility based sleep studies for diagnosis and medical management of obstructive sleep apnea • Enteral feeding supplies and services	
Pain Management	• Interventional Pain Management • Joint injections	Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Oncology Services	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.)	Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Select Cardiac Services		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.
Gene Therapy		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.

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 us at 1-800-730-7219 (TTY: 711) with questions regarding the preauthorization of a particular service.

For HMO and Gatekeeper PPO members, all care rendered by out-of-network providers requires preauthorization. This includes care that falls under the Continuity of Care provision of the Benefits Booklet or Contract.

This information highlights the standard Preauthorization Program. Members should refer to their Benefits Booklet or Contract for the specific terms, conditions, exclusions, and limitations relating to their coverage.