

## Medical Coverage Policy | Procedures Preauthorization via Web-Based Tool



**EFFECTIVE DATE:** 12|01|2014  
**POLICY LAST UPDATED:** 09|01|2014

### OVERVIEW

This policy documents the prior authorization request process for certain medical procedures, using the BCBSRI online prior authorization tool. Therapies such as PT/OT, Speech and Pulmonary Rehab, and certain drugs such as Belimumab will not be authorized by this system. Please refer to the individual policies on the web.

There is no change to the prior authorization process for Specialty Pharmacy drugs.

### PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

### POLICY STATEMENT

#### Blue CHiP for Medicare and Commercial

Requests for medical procedures should be obtained via the BCBSRI online prior authorization tool which is available only to participating providers. All other providers should fax the request to Utilization Management at 401-272-8885 to complete the prior authorization process. Please see reference to the procedures requiring prior authorization through the online tool below.

<https://www.bcsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

Medical Procedures are considered medically necessary when the criteria in the BCBSRI online prior authorization tool has been met.

### MEDICAL CRITERIA

Generally InterQual criteria is used to determine medical necessity. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

### BACKGROUND

Not applicable.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable coverage for surgery.

### CODING

The following CPT and HCPCS codes require Prior Authorization:

**NOTE: Effective April 1, 2015, the services identified in blue font below will require prior authorization and will be added to the BCBSRI online prior authorization tool.**

Adjustable Gastric Band and Bariatric Surgery:

43644, 43645, 43770, 43775, 43845, 43846, 43847, 43848. Code 43842 Commercial Only.

Anastomosis of Extracranial-Intracranial Arteries:

61711

Angioplasty and Stent, Carotid:

37215, 37217, 35475

Aortic Valvuloplasty, Percutaneous Balloon:

33403, 92986

Arthroscopically Assisted Knee Surgery:

29855, 29856, 29882, 29883, 29888, 29889

Autologous Chondrocyte Implantation:

27412, J7330

Blepharoplasty:

15820, 15821, 15822, 15823

Bone Marrow Transplant:

Members with FEP coverage requiring a bone marrow transplant require prior authorization.

Breast Implant Removal:

11971, 19328, 19330

Breast Reconstruction (for conditions other than part of reconstruction due to cancer):

11920, 11921, 11922, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396

Capsule Endoscopy:

91110, 91111

Cardiac Hemodynamic Monitoring (Thoracic Electrical Bioimpedance):

Medicare Only: 93701

Chemoembolization and Radiofrequency Ablation, Liver:

37242, 37243, 47370, 47380, 47382, 76940

External Counterpulsation (ECP):

Medicare Only: G0166

Fusion, Lumbar Spine:

22533, 22558, 22585, 22612, 22614, 22630, 22633, 22800, 22804, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 22851

Gastric Stimulation, Removal:

43648, 43882, 64595

Hyperbaric Oxygen Therapy (HBO):

99183

Implantable Cardioverter Defibrillator (ICD) Insertion:

33202, 33203, 33216, 33217, 33224, 33230, 33231, 33240, 33241, 33249, 33262, 33263, 33264

Injectable Clostridial Collagenase for Fibroproliferative Disorders:

20527, J0775

Joint Replacement:

Elbow: 24360, 24361, 24362, 24363

Shoulder: 23470, 23472

Wrist: 25332, 25441, 25442, 25443, 25444, 25445, 25446, 25447

Laser Treatment for Proliferative Vascular Lesions:

17106, 17107, 17108

Multiple Sleep Latency Test (MSLT):

95805

Non-Contact, Non-thermal Ultrasound Treatment for Wounds:

Medicare Only: 97610

Panniculectomy, Abdominal:

15830

Percutaneous Coronary Interventions (PCI), Elective Only:

92920, 92924, 92928, 92933, 92937, 92941, 92943

Polysomnogram (PSG), Facility Based Only:

95805, 95808, 95810, 95811

Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction:

Medicare Only: 64566

Ptosis Repair:

67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911

Radiofrequency Ablation (RFA), Renal:

50250, 50542, 50592, 50593

Reduction Mammoplasty:

19318

Removal and Replacement, Total Joint Replacement (TJR):

Hip: 27132, 27134, 27137, 27138

Knee: 27486, 27487

Shoulder: 23470, 23472, 23473, 23474

Rhinoplasty:

30410, 30420, 30435, 30450, 30460, 30462

Stereotactic Radiation:

32701, 77373, 77435

#### Total Joint Replacement (TJR):

Ankle: 27702

Hip: 27130, 27132

Knee: 27447

#### Transcatheter Aortic-Valve Implantation for Aortic Stenosis:

33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369

#### Unicondylar Knee Replacement:

27446

#### Varicose Vein Treatment:

Endovenous Ablation: 36475, 36478

Echosclerotherapy: S2202

Ligation/Excision with or without Stripping: 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785

Sclerotherapy: 36470, 36471

Stab Phlebectomy: 37765, 37766

Vascular Endoscopy: 37500

### RELATED POLICIES

Anastomosis of Extracranial-Intracranial Arteries

Autologous Chondrocyte Implantation

Cardiac Hemodynamic Monitoring

External Counterpulsation (ECP)

Hyperbaric Oxygen Therapy (HBO)

Injectable Clostridial Collagenase for Fibroproliferative Disorders

Laser Treatment for Proliferative Vascular Lesions

Non-Contact, Non-Thermal Ultrasound Treatment for Wounds

Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction

Stereotactic Body Radiation Therapy

Transcatheter Aortic-Valve Implantation for Aortic Stenosis

### PUBLISHED

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### REFERENCES

Not applicable.

#### CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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