

Bluegrass Family Health

Precertification/Authorization List

Effective and Current as of January 1, 2006

Bluegrass Family Health (BFH)'s Healthcare Operations Department should be contacted by the initiating Provider at 877-449-2884 or 859-335-3737 for Precertification/authorization of medical services.

Inpatient Admissions:

- ❖ Elective
- ❖ Acute Rehabilitation Facility
- ❖ Urgent*
- ❖ Skilled Nursing Facility
- ❖ Emergent*
- ❖ Long Term Acute Care

*Notification is required within 24 hours of admission or next business day

Transplants – Evaluation/Treatment/Procedure (Bone Marrow and Solid Organ)

Outpatient Surgery/Procedures:

- ❖ Blepharoplasty
- ❖ Discectomy
- ❖ Hysterectomy
- ❖ Reduction Mammoplasty
- ❖ Varicose Vein Surgical Treatment/Sclerotherapy
- ❖ Colonoscopy (members < 50 years old)
- ❖ EMG/NCV (Electromyography/Nerve Conduction Study)
- ❖ Laminectomy
- ❖ Uvulopalatopharyngoplasty (UPPP)

Radiology Procedures

- ❖ CT
- ❖ MRA
- ❖ CTA
- ❖ PET scans
- ❖ MRI
- ❖ Nuclear Stress/Radionuclide Cardiac Imaging

Therapy Services

- ❖ Cardiac Rehabilitation
- ❖ Chiropractic Services (through ACN Group-800-873-4575)

Other

- ❖ Ambulance Transfers (non urgent/non emergent)
- ❖ Durable Medical Equipment (\$500 or greater/All Rentals, Repair/Maintenance)
- ❖ Home Health/Home Infusion (Through Care Continuum – 877-700-3482/502-339-8088)
- ❖ Mental Health/Substance Abuse (Through Behavioral Medicine Network – 800-455-5579/859-224-2022)
- ❖ Orthotics (Purchases \$500 or greater)
- ❖ Prosthetics (Purchases \$2000 or greater)
- ❖ Certain Medications require Prior Plan Approval. Please refer to the BFH formulary.

Mandatory Notification

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| ❖ Diabetic Education | ❖ Obstetric Care | ❖ Dialysis | ❖ Hospice |
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****Experimental/Investigational Services/Procedures:** BFH will not cover any services or supplies, including treatment, procedures, hospitalizations, drugs, equipment, diagnostic, biological products or medical devices used in or directly related to the diagnosis, evaluation or treatment of a disease, injury, illness or other health condition which BFH determines to be Experimental/Investigational. Members please refer to the Certificate of Coverage.

*****Medical Technology:** BFH continually evaluates new and emerging medical technology for benefit inclusion and medical necessity. Medical technology review is a dynamic process; therefore we cannot be specific to all procedures/services that may be considered as such.

▶ For clarification of coverage for specific services/procedures members or providers should contact BFH's Customer Service Department at **800-787-2680 or 859-269-4475**.

▶ All precertifications/authorizations are based on medical necessity and benefit limits and are not a guarantee of payment, payment level or member eligibility.

▶ Precertification/authorization applies to all BFH products and must be initiated by the requesting provider.

▶ Precertification/authorization also applies to Covered services obtained from Non-Participating Providers. HMO members do not have Out of Network benefits, with the exception of urgent/emergent care.

▶ The precertification/authorization list may change during the plan year with timely notification to BFH membership and providers.