

Blue Care Network 2010 Referral and Clinical Review Program – Effective January 1, 2010

Care Management Hours:

Monday through Thursday 8:30 a.m. to 12 noon and 1 p.m. to 5 p.m.

Friday 9:30 a.m. to 12 noon and 1 p.m. to 5 p.m.

Telephone: 1-800-392-2512

Behavioral Health Hours:

Monday through Friday 8:30 a.m. to 5 p.m.

Telephone: 1-800-482-5982

All Noncontracted Providers Must Obtain Clinical Review by Care Management

	Referral Not Required			Plan Notification Submitted prior to obtaining services			Benefit or Clinical Review Must be submitted at least 14 days prior to obtaining services			
	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	Self-Referral Option
Office Services										
Immunizations	X	X	X							
Mental health therapy				X	X	X				
Pediatric Choice	X	X	X							
Specialist office visits and treatment		X	X	global referral						
Substance abuse therapy				X	X	X				
Woman's Choice	X	X	X							
Inpatient Services										
Inpatient admissions (Providers should notify BCN of all emergency admissions within 1 business day.)							X	X	X	X
Maternity: up to 48 hours following routine delivery/96 hours following C-section				X	X	X				notify plan
Outpatient and Ancillary Services										
Ambulance - emergent	X	X	X							
Amevive®							X	X	X	X
Anesthesia	X	X	X							
Avastin®							X	X	X	X
Bariatric surgery							X	X	X	X
Bone density studies	X	X	X							
Bone anchored hearing aid							X	X	X	X
Cardiac stress test	X	X	X							
Cardiac rehabilitation							X	X	X	X
Chemotherapy/radiation	X	X	X							
Chiropractic				X	X	X				
Cinryze™ (eff. April 1, 2010)							X	X	X	X
Cognitive therapy							X	X	X	X
Colonoscopy – virtual							X	X	X	X
Cosmetic surgery							X	X	X	X
Dental services							X	X	X	X
Developmental delay treatment							X	X	X	X
Diagnostic and therapeutic tests		X	X	X						

BCN Review Program Effective January 1, 2010 (continued)

	Referral Not Required			Plan Notification Submitted prior to obtaining services			Benefit or Clinical Review Must be submitted at least 14 days prior to obtaining services			
	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	Self-Referral Option
Durable medical equipment, medical supplies – diabetic supplies only ●							X	X	X	X
Durable medical equipment, medical supplies, prosthetics and orthotics ■							X	X	X	X
Echocardiograms	X	X	X							
EKG	X	X	X							
Elective termination of pregnancy							X	X	X	X
Emergency room services	X	X	X							
Experimental and investigational							X	X	X	X
Fetal non-stress test	X	X	X							
Flolan® therapy							X	X	X	X
Hearing aid services (with hearing aid rider)	X	X	X							
Holter monitor	X	X	X							
Home health care	X	X	X							
Home TPN and enteral feedings							X	X	X	X
Home infusion	X	X	X							
Hyperbaric oxygen therapy							X	X	X	X
Infertility procedures							X	X	X	X
Immune globulin therapy (intravenous and subcutaneous)							X	X	X	X
Laboratory services	X	X	X							
MRI of breast							X	X	X	X
● Nplate® (eff. April 1, 2010)							X	X	X	X
Observation stays	X	X	X							
Orencia® - outpatient hospital setting							X	X	X	X
Orthognathic surgery							X	X	X	X
Pacemaker adjustments	X	X	X							
Physical/occupational/speech therapy							X	X	X	X
Pulmonary rehabilitation							X	X	X	X
Radiology high-tech procedures (Specific procedure codes are shown later in this document.)							X	X	X	X
Radiology - routine	X	X	X							
Remicade® - outpatient hospital setting							X	X	X	X

BCN Review Program Effective January 1, 2010 (continued)

	Referral Not Required			Plan Notification Submitted prior to obtaining services			Benefit or Clinical Review Must be submitted at least 14 days prior to obtaining services			
	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	HMO East Southeast	HMO Mid West	BCNA	Self-Referral Option
Remodulin®							X	X	X	X
Sleep studies							X	X	X	X
Solid organ and bone marrow evaluations, harvesting and transplants (except kidney, skin and cornea) direct to Blue Distinction Centers for Transplants							X	X	X	X
Sterilization procedures	X	X	X							
Surgical procedures, routine		X	X	X						
Transgender surgery							X	X	X	X
TMJ treatment							X	X	X	X
Unclassified procedures							X	X	X	X
Urgent care	X	X	X							
Woman's Choice – outpatient services		X	X	X						

- Contact J & B Medical Supply for authorization of all diabetic and insulin pump supplies at 1-888-896-6233.
- Contact Northwood for authorization of all nondiabetic DME, medical supplies and P & O at 1-800-667-8496.

BCN 65 members: BCN's Care Management department must be notified before a member's Medicare days are exhausted. Infusion is not routinely covered by Medicare. All care should be coordinated by the primary care physician.

Global referrals: Allow the specialist to perform necessary services to diagnose and treat a member in the office, with the exception of services that require benefit or clinical review. Specialists may not refer patients to other specialists. Global referrals do not apply to chiropractic or physical, occupational or speech therapy.

BCN as secondary carrier: BCN does not require authorization when it is the secondary payer. However, the claim will be denied when:

- The service is not a BCN covered benefit.
- The member has not followed the requirements of the primary carrier.

Specific procedure codes for radiology and non-radiology procedures that require clinical review (list is not all inclusive) are shown later in this document.

Blue Care Network 2010 Review Program:

● Procedures That Require Clinical Review

Procedure codes* (Note: This list is not all inclusive.)											
00170	19357	21010	21282	40806	55970	70328	75894	90901	97150	A4575	S0190-S0191
11920-11922	19361	21050	21295-21296	40819	55980	70336	76380 (a)	90911	97530	C1300 ●	S0199
15780-15783	19364	21060	21480	40840	56805	70450 (a)	77058-77059	92506-92508	97532-97533	G0422-G0424 ●	S2083
15786-15789	19366-19371	21070	21485	40842-40845	57335	70460 (a)	78201-78202 (a)	93797-93798	97535	J0129	S2250
15792-15793	19380	21116	21490	41010	58150	70470 (a)	78205-78206 (a)	95805-95811 (b)	97537	J0215	S9472-S9473
15819-15830	19396	21120-21127	21493-21494	41115	58152	70486-70488 (a)	78215-78216 (a)	96105	97542	J0585-J0587 ●	
15832-15839		21141-21147	29800	41520	58180	70551-70553 (a)	78220 (a)	97001-97004	97545-97546	J0598 ●	
15847		21150-21151	29804	41800	58260	71250 (a)	78223 (a)	97010	97750	J1325	
15876-15879		21154-21155	30400	41805-41806	58275	71260 (a)	78451-78454 (a) ●	97012	97755	J1459	
17340		21159-21160	30410	41820-41823	58291	71270 (a)	78466 (a)	97014	99183	J1561	
17360		21188	30420	41825-41828	58541-58544	72131-72133 (a)	78468-78469 (a)	97016		J1566	
17380		21193-21199	30430	41830	58550	72141-72142 (a)	78472-78473 (a)	97018		J1568-J1569	
19300		21206	30435	41850	58552-55854	72146-72149 (a)	78481 (a)	97022		J1572	
19316		21208-21210	30450	41870	59812	72156-72158 (a)	78483 (a)	97024		J1745	
19318		21215	30620	41872	59840-59841	72192-72194 (a)	78494 (a)	97026		J2796 ●	
19324-19325		21230	37204	41874	59850-59852	73218-73223 (a)	78496 (a)	97028		J3285	
19328		21235		42120	59855-59857	73718-73723 (a)		97032-97036		J3490	
19330		21240		43644-43645	67900-67909	74150 (a)		97110		J3590	
19340		21242-21249		43770-43775 ●	69710-69718	74160 (a)		97112-97113		J9035	
19342		21255		43842-43848		74170 (a)		97116		L8039	
19350		21270		43886-43888		74181-74183 (a)		97124		L8600	
19355		21280		44130		74263 ●		97140		L8692 ●	

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(a) Codes are included in the high-technology radiology authorization program. Provider must complete the appropriate questionnaire. The questionnaires are available on the e-referral Web page for [sample questionnaires for high-tech radiology procedures](#).

(b) For sleep management studies reported with these codes, provider must complete the appropriate questionnaire. The questionnaires are available on the e-referral Web page for the [Sleep Management Program](#).

Blue Dot Changes to the BCN 2010 Referral and Clinical Review Program

The most recent changes are shown in red.

Service	Change Description
● Procedure codes	<ul style="list-style-type: none"> • Services identified with procedure code* L8692 require clinical review effective Jan. 1, 2010. • Procedure codes* C9245 and C9251 are retired effective Jan. 1, 2010.
● Inpatient admissions	Emergency inpatient admissions must be submitted to the plan within 1 business day of admission for benefit or clinical review.
● Specialist office visits / treatment	Clarification on referral requirements: A global referral is required for providers in the East and Southeast regions, for HMO members. No referral is required for providers in other regions or for BCN Advantage members in any region.
● Woman's Choice outpatient services	Clarification on referral requirements: No referral is required for providers in the Mid and West regions or for BCN Advantage members in any region.
● Radiology procedures	<ul style="list-style-type: none"> • High-tech radiology procedure codes are identified in the list of codes that require clinical review, effective Jan. 1, 2010. For these procedures, a questionnaire needs to be completed as part of the clinical review process. A link to the e-referral Web page for radiology questionnaires is provided. • Radiology procedures with new CPT codes* 74263, 78451, 78452, 78453 and 78454 require clinical review, for services provided beginning Jan. 1, 2010. • CPT codes* 0066T, 78460, 78461, 78464, 78465, 78478 and 78480 are no longer valid effective Jan. 1, 2010. However, services provided prior to Jan. 1, 2010 require clinical review.
● Sleep management studies	Sleep management procedure codes are identified in the list of procedures that require clinical review. For these procedures, a questionnaire needs to be completed as part of the clinical review process. A link to the e-referral Web page for sleep management questionnaires is provided.
● Various	Effective Jan. 1, 2010, services identified with procedure codes* 43775, C1300, G0422 through G0424, and J0586 require clinical review.
● Medications	Effective April 1, 2010, medications reported with procedure codes* J0598 and J2796 require clinical review.

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