

BlueCaid 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	
	UMHS Providers	Non-UMHS Providers	UMHS Providers	Non-UMHS Providers	UMHS Providers	Non-UMHS Providers
Office Services						
Immunizations	X	X				
Mental health therapy					X	X
● Podiatry services	X ○			global referral ○		
Specialist office visits and treatment	X			global referral		
Woman's Choice	X	X				
Inpatient Services						
● Inpatient admissions (Providers should notify Care Management of all emergency admissions within 1 business day.)					X	X
Maternity: up to 48 hours following routine delivery, 96 hours following C-section			X	X		
Outpatient and Ancillary Services						
Ambulance - emergent	X	X				
Amevive®					X	X
Anesthesia	X	X				
Bone anchored hearing aid					X	X
Bariatric surgery					X	X
Cardiac stress test	X	X				
Cardiac rehabilitation					X	X
● Chiropractic			X ○		X ■ ○	X ■ ○
Cognitive therapy					X	X
● Contact lenses (See also: Vision services and supplies, routine.)					X ○	X ○
Cosmetic surgery					X	X
Durable medical equipment, medical supplies, UMHS MedEquip	X					X
Echocardiograms	X	X				
EKG	X	X				
Elective termination of pregnancy**					X	X
Emergency room services	X					
Experimental and investigational					X	X
Fetal non-stress test	X	X				
Flolan® therapy					X	X
● Hearing aids			X ○	X ○		

BlueCaid 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	
	UMHS Providers	Non-UMHS Providers	UMHS Providers	Non-UMHS Providers	UMHS Providers	Non-UMHS Providers
Holter monitor	X	X				
Home health care					X	X
Home infusion	X	X				
Home infusion with TPN and enteral feedings					X	X
Hyperbaric oxygen therapy					X	X
Laboratory services at UMHS and Chelsea	X					X
MRI of breast	X					X
Nutritional counseling	X			X		
Observation stays at UMHS and Chelsea Hospital	X			X		
Orencia® - outpatient setting					X	X
Pacemaker adjustments	X	X				
Pediatric Choice	X	X				
Physical/occupational/speech therapy			X □	X □	X □	X □
Prosthetics and orthotics	X					X
Pulmonary rehabilitation					X	X
Radiology	X	X				
Remicade® – outpatient setting					X	X
Remodulin®					X	X
Sleep studies					X	X
Solid organ and bone marrow evaluations, harvesting and transplants (except kidney, skin and cornea). When possible, transplants and evaluations are directed to Blue Distinction Centers for Transplants.					X	X
Surgical procedures, routine	X			X		
TMJ treatment					X	X
Unclassified procedures					X	X
Urgent care	X	X				
Vestibular rehabilitation	X					X
 Vision services and supplies, routine – including routine eye exams, eyeglasses, and other vision services and supplies (See also: Contact lenses.)	X ○	X ○				

** Special requirements – The following procedures require a special consent that must be submitted with the claim to allow for claims processing::
hysterectomy, sterilization procedures, elective termination of pregnancy.

- Clinical review is required for more than 36 visits or 90 days.
- Clinical review is required for more than 18 visits per year.
- Services are covered only for members under 21 years old, effective Feb. 1, 2010.

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

● BlueCaid 2010 Review Program:

Procedures That Require Clinical Review – Effective Jan. 1, 2010

Procedure codes* (Note: This list is not all inclusive.)									
11920-11922	19330	21010	21230	30400	40806	59812	69710-69718	90901	G0422-G0424 ●
15780-15783	19340	21050	21235	30410	40819	59840	70328	90911	J0129
15786-15789	19342	21060	21240	30420	41010	59841	70336	93797-93798	J0215
15792-15793	19350	21070	21242-21249	30430	41115	59850-59852	74263 ●	97532-97533	J0585- J0586 ●
15819-15830	19355	21116	21255	30435	41520	59855-59857	75894		J1325
15832-15839	19357	21120-21127	21270	30450	46344-43645				J1745
15847	19361	21141-21147	21280	30620	43770-43775 ●				J3285
15876-15879	19364	21150-21151	21282	37204	43842-43848				L8039
17340	19366-19371	21154-21155	21295-21296		43886-43888				L8600
17360	19380	21159-21160	21480		44130				L8692 ●
19300	19396	21188	21485						S0190-S0191
19316		21193-21199	21490						S0199
19318		21206	21493-21494						S2083
19324-19325		21208-21210	29800						S2250
19328		21215	29804						S9472-S9473

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Blue Dot Changes to the BlueCaid 2009 Referral and Clinical Review Program

The most recent changes are shown in red.

Service	Change Description
● Procedure codes	Services identified with a procedure code* of L8692 require clinical review, 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.
● Procedure codes	Effective Jan. 1, 2010, services identified with procedure codes* 43775, 74263, G0422 through G0424, and J0586 require clinical review. Procedure code 0066T is retired.
● Chiropractic services	Effective Feb. 1, 2010, services provided by a chiropractor are not covered for BlueCaid members 21 years of age and older, per Michigan Department of Community Health Bulletin MSA 09-28. Authorizations dated through Jan. 31, 2010 will be honored for services rendered no later than that date.
● Hearing aids	Effective Feb. 1, 2010, hearing aids are not covered for BlueCaid members 21 years of age and older, per Michigan Department of Community Health Bulletin MSA 09-28. Authorizations dated through Jan. 31, 2010 will be honored for services rendered no later than that date. In addition, for these members, batteries, maintenance and repair may be covered only for hearing aids purchased prior to Feb. 1, 2010.
● Podiatry services	Effective Feb. 1, 2010, services provided by a podiatrist are not covered for BlueCaid members 21 years of age and older, per Michigan Department of Community Health Bulletin MSA 09-28. Authorizations dated through Jan. 31, 2010 will be honored for services rendered no later than that date.
● Vision services and supplies, routine	Effective Feb. 1, 2010, routine eye exams, contact lenses and other vision services and supplies are not covered for BlueCaid members 21 years of age and older, per Michigan Department of Community Health Bulletin MSA 09-28. Authorizations dated through Jan. 31, 2010 will be honored for services rendered no later than that date. Services related to eye trauma and eye disease are covered.

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