

# About Blue Dot Changes to the List of Services That Require Authorization

## For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO

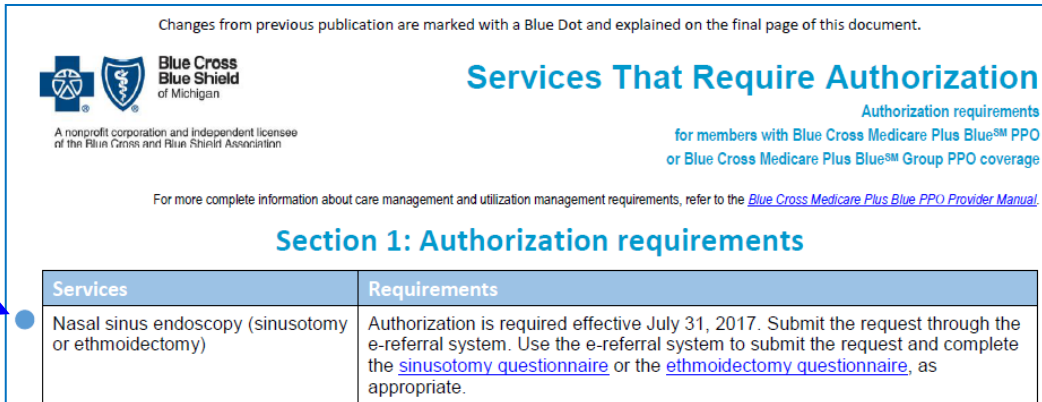
### Blue Dot changes

As part of the commitment by Blue Cross Medicare Plus Blue PPO to offer providers the most up-to-date information in a timely way, the list of *Services That Require Authorization* is revised on an as-needed basis using the Blue Dot change process.

Here's how the process works:

- Changes are made as needed. Changes made since the previous publication are marked with a Blue Dot. This makes the most recent changes easy to identify.

Changes from previous publication are marked with a Blue Dot and explained on the final page of this document.



**Services That Require Authorization**  
Authorization requirements  
for members with Blue Cross Medicare Plus Blue<sup>SM</sup> PPO  
or Blue Cross Medicare Plus Blue<sup>SM</sup> Group PPO coverage

For more complete information about care management and utilization management requirements, refer to the [Blue Cross Medicare Plus Blue PPO Provider Manual](#).

### Section 1: Authorization requirements

Services	Requirements
Nasal sinus endoscopy (sinusotomy or ethmoidectomy)	Authorization is required effective July 31, 2017. Submit the request through the e-referral system. Use the e-referral system to submit the request and complete the <a href="#">sinusotomy questionnaire</a> or the <a href="#">ethmoidectomy questionnaire</a> , as appropriate.

- Each change is explained in the list of Blue Dot changes that appears on the final page of the document.

● **Blue Dot changes to the Blue Cross Medicare Plus Blue  
Services That Require Authorization document**

Service / Topic	Change Description
Various	Statements are added that providers must complete a questionnaire in the e-referral system for certain services. A link to a preview questionnaire is provided. This applies to the following services: <ul style="list-style-type: none"> <li>• Cranial neurostimulator pulse generator (deep brain stimulation), insertion or replacement</li> <li>• Endovascular intervention, peripheral artery</li> <li>• Hammertoe surgery (for specific diagnosis codes only)</li> </ul>

- A revision date is added at the lower right corner of the document.

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- The first time that a revised list of *Services That Require Authorization* is published in a calendar year, the Blue Dots for the previous year are removed. The changes made in the new year become part of the baseline of the document for that year.

### Accessing the list of Services That Require Authorization

To access the list of *Services That Require Authorization*, visit [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) and click *Blue Cross*. Then click *Authorization Requirements & Criteria* on the left navigation bar.