

Bluegrass Family Health

Precertification/Authorization List

Effective and Current as of January 1, 2009

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

Inpatient Surgical/Medical Services	OB (obstetric) & Newborn Inpatient Services
<ul style="list-style-type: none"> • Acute Hospital (Elective, Urgent*, Emergent*) • Long Term Acute Care (LTAC) • Rehabilitation Facility • Skilled Nursing Facility • Mental Health/Substance Abuse (through Behavioral Medicine Network) <p>*BFH is to be notified within 24 hours of admission or next business day; Indiana members 48 hours</p>	<ul style="list-style-type: none"> • OB (obstetrical)* • Newborn stays beyond discharge of mother* • Notification of planned C-section or induction of labor <p>*BFH is to be notified within 24 hours of admission or next business day; Indiana members 48 hours</p>
Outpatient Surgery/Procedures	Radiology Procedures
<ul style="list-style-type: none"> • AICD (Automatic Implantable Cardioverter Defibrillators) • Back surgery • Bariatric (obesity) Surgery** • Blepharoplasty • Colonoscopy (members < 50 years old) • EMG/NCV • Hysterectomy • Reduction Mammoplasty • Uvulopalatopharyngoplasty (UPPP) • Varicose Vein Surgical Treatment /Sclerotherapy <p>** If a benefit under the member's plan</p>	<ul style="list-style-type: none"> • CT scan (excludes CT guided biopsy) • CTA • MRI • MRA • PET scan • Nuclear Stress/Radionuclide Cardiac Imaging
Therapy Services	Mandatory Notification
<ul style="list-style-type: none"> • Cardiac Rehabilitation • Chiropractic Services (through A.C.N. 800-873-4575)** <p>** If a benefit under the member's plan</p>	<ul style="list-style-type: none"> • Diabetic Education • Dialysis • Obstetric care (outpatient) • Hospice
Other	
<ul style="list-style-type: none"> • Ambulance Transfers (non urgent/non emergent) • Durable Medical Equipment (\$500 or greater and All Rentals, Repair/Maintenance) • Experimental/Investigational Services/Procedures • Home Health/Home Infusion (Through Care Continuum – 877-700-3482 or 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) • Transplants – Evaluation/Treatment/Procedure/Follow-up Care (Bone Marrow and Solid Organ) 	

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Medication Prior Authorization List

Prior Authorization is required for the following drugs when delivered in the physician office, clinic, or home setting (Home Health/Home Infusion through Care Continuum).

Please contact Pharmacy Services Department at 877-205-6308.

Brand	Generic	Brand	Generic
Amevive	alefacept	Nutropin, Nutropin AQ	somatropin
Aranesp	darbepoetin alfa	Omnitrope	somatropin
Arranon	nelarabine	Orencia	abatacept
Avastin	bevacizumab	Orthovisc	high molecular weight hyaluronan
Avonex	interferon beta-1a	Pegasys	peginterferon alfa-2a
Betaseron	interferon beta-1b	PegIntron	peginterferon alfa-2b
Copaxone	glatiramer acetate	Procrit	epoetin alfa
Dacogen	decitabine	Rebif	interferon alfa-1a
Enbrel	etanercept	Remicade	infliximab
Epogen	epoetin alfa	Rituxan	rituximab
Erbix	cetuximab	Serostim	somatropin
Euflexxa	sodium hyaluronate	Saizen	somatropin
Genotropin	somatropin	Somavert	pegvisomant
Humatrope	somatropin	Supartz	sodium hyaluronate
Humira	adalimumab	Synagis	palivizumab
Hyalgan	sodium hyaluronate	Synvisc	hylan G-F 20
Immune globulin		Tev-tropin	somatropin
Increlex	mecasermin	Tysabri	natalizumab
Leukine	sargramostim	Vectibix	panitumumab
Lupron Depot	leuprolide acetate	Vidaza	azacitadine
Neulasta	pegfilgrastim	Vivitrol	naltrexone
Neupogen	filgrastim	Xolair	omalizumab
Norditropin	somatropin	Zoladex	goserelin

Other Prescription Medications require Prior Authorization. Please refer to the BFH formulary.

► 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. 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. BFH provides coverage guidelines of certain procedures on the BFH internet site @ bgfh.com.

► Precertification/authorization also applies to Covered services obtained from Non-Participating Providers. A referral to a Non-Participating provider when covered services for the member's medical condition, not specific treatment, are not available within the BFH provider network requires prior plan approval.

► 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. This list is subject to change with advance notification.

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