

# PRE-SERVICE REVIEW REQUIREMENTS SURGICAL SERVICES

## FREQUENTLY ASKED QUESTIONS/ANSWERS

Question	Answer
<p><b>1. What are the pre-service review requirements for surgical services?</b></p>	<p>The pre-service review requirements for surgical services includes certain surgical services that will require precertification before the services take place. This ensures both providers and patients have all the information available before a surgical service is performed.</p> <p>The pre-service review requirements for surgical services enable Blue Cross to take a more strategic approach toward managing new technology and high-cost procedures. This approach allows us to clearly identify which services require medical necessity review for claims payment under a group plan. This empowers members to make more informed decisions about their healthcare.</p>
<p><b>2. Which surgical services are available for online review?</b></p>	<p><b>The following services/equipment are included in this category and will require precertification:</b></p> <ul style="list-style-type: none"> <li>• Blepharoplasty, brow lift or ptosis repair</li> <li>• Gastric restrictive procedures (if covered by the group plan)</li> <li>• Implantable bone conduction hearing aids</li> <li>• Knee arthroplasty</li> <li>• Lumbar spinal fusion</li> <li>• Rhinoplasty</li> <li>• Surgery for obstructive sleep apnea</li> <li>• Surgery for varicose veins</li> </ul>
<p><b>3. Which groups are subject to the pre-service review requirements for surgical services?</b></p>	<ul style="list-style-type: none"> <li>• Most members are affected by the requirements for surgical services. The requirements do not apply to the Federal Employee Program (FEP) or to Blue Advantage®.</li> <li>• Groups that carve out utilization management services to an entity outside of Blue Cross.</li> <li>• Groups that exclude coverage for the services requested (e.g., bariatric procedures) and/or have specific network requirements.</li> </ul>
<p><b>4. When did the pre-service review requirements for surgical services go into effect?</b></p>	<p>The requirements went into effect for most groups beginning on January 1, 2021, and as groups renewed throughout the year. There are some groups that may choose not to participate. Always check eligibility and benefits through <i>ProviderAccess</i> or your practice management system to confirm coverage.</p>
<p><b>6. How will providers benefit from the pre-service review requirements for surgical services?</b></p>	<p>Self-service options allow for increased efficiency. You will be more aware of specific surgical services that require precertification. Both in-state and out-of-state providers will have online access to needed precertification requests.</p>
<p><b>7. Whom should I contact if I have questions about the pre-service review requirements?</b></p>	<p>Contact Provider Networks at 1-866-904-4130.</p>

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### Web Application

Blue Cross and Blue Shield of Alabama has integrated a tool in *ProviderAccess* that allows physicians to request online precertification reviews for specific services.

Physicians initiate online precertification reviews for specific services/equipment through *ProviderAccess*. This increases the quality of services provided to patients and allows providers to submit precertification requests more efficiently.

Question	Answer
<b>1. What are the advantages of submitting a precertification request online?</b>	<ul style="list-style-type: none"><li>• Ability to check real-time status of requests</li><li>• Print approval letters on demand</li><li>• Receive immediate decision in most cases</li><li>• Upload clinical documentation when criteria is not met; response time is faster using the online option</li></ul>
<b>2. Where do providers need to go to initiate precertification reviews?</b>	Providers can log in to <i>ProviderAccess</i> and check member eligibility and benefits to determine precertification requirements. If a precertification is required, providers will be able to initiate a request.
<b>3. Who can submit a precertification request?</b>	Ordering physicians or their staff may submit the precertification request.
<b>4. Can online reviews be submitted to obtain service precertifications for all patients?</b>	Online reviews cannot be submitted for members of the following plans at this time: <ul style="list-style-type: none"><li>• FEP</li><li>• Blue Advantage®</li><li>• Groups that carve out utilization management services to an entity outside of Blue Cross</li><li>• Groups that exclude coverage for the services requested (e.g., bariatric procedures) and/or have specific network requirements</li></ul>
<b>5. What information will the ordering physician or clinician need to request precertification?</b>	<ul style="list-style-type: none"><li>• Patient's Blue Cross contract number</li><li>• Patient's first and last name, date of birth</li><li>• Ordering provider's first and last name</li><li>• Primary diagnosis code (ICD-10)</li><li>• CPT/HCPCS code(s) being requested</li><li>• Providers have the ability to upload medical records and test results to Blue Cross for review</li></ul>



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