



Precertification is required for some inpatient surgical procedures that fall outside of the Concurrent Utilization Review Program (CURP) process. The admitting physician is responsible for initiating and obtaining the precertification prior to the patient being admitted to the hospital. A link to the list of specific inpatient procedures requiring precertification is available when checking eligibility and benefits in *ProviderAccess* or your practice management software. This list will be updated when procedures are added or deleted.

Some of the procedures on the list can be rendered in an outpatient setting. When rendering procedures in an outpatient setting, they are still subject to medical necessary review upon receipt of the claim.

Precertification can be obtained by calling 1-800-248-2342. You may be asked to submit additional information via fax.

Hospital - Inpatient		COLLAPSE	
Active Coverage	In-Network	PRECERTIFICATION REQUIRED	<ul style="list-style-type: none"> <li>• FACILITY BENEFIT</li> <li>• CONCURRENT UTILIZATION REVIEW PROCESS (CURP) MEETS MEDICAL (NON-PSYCHIATRIC) PRECERTIFICATION REQUIREMENTS FOR IN-NETWORK HOSPITALS</li> <li>• CURP DOES NOT MEET PRECERTIFICATION REQUIREMENTS FOR CERTAIN INPATIENT SURGICAL PROCEDURES. PHYSICIANS MUST OBTAIN PRECERTIFICATION FOR ABDOMINAL SURGERY, NEUROSURGERY, SPINE SURGERY, CAROTID ARTERY STENT, FACIAL SURGERY, AND GENDER REASSIGNMENT.</li> <li>• A LIST OF APPLICABLE INPATIENT PROCEDURES IS AVAILABLE ON OUR WEB SITE</li> <li>• Utilization Management Organization: BCBSAL</li> <li>• Information Contact :</li> <li>• Website : <a href="http://providers.bcbsal.org/portal/web/pa/precert-procedures">HTTP://providers.bcbsal.org/portal/web/pa/precert-procedures</a></li> <li>• Phone : 8002482342</li> <li>• Information Contact :</li> <li>• Phone : 8002482342</li> </ul>

**Inpatient Procedures Requiring  
Precertification List**



**Online Medical Necessity Review Option for Some Procedures**

A medical necessity review submitted online through the Medical Necessity link on *ProviderAccess* will satisfy the precertification requirement for some inpatient procedures:

- Lumbar Spine Procedures (CPT codes 22532, 22533, 22558, 22630 or 22633)
- Gastric Restrictive Procedures (CPT codes 43644, 43645, 43659, 43770-43775, 43842-43848 or 43886-43888)

Use the Medical Necessity link under the Patient & Claim menu on *ProviderAccess* for medical necessity review on these procedures. Online medical necessity reviews are not available for patients with Blue Advantage or FEP plans.

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