As part of Blue Cross and Blue Shield of Nebraska’s (BCBSNE) prior authorization and utilization management programs, the following services and procedures will require prior authorization (also referred to as certification), effective Jan. 1, 2016:

- All inpatient admissions (acute hospital, skilled nursing, acute rehab, hospice)
- Home health care services (skilled nursing and hospice)
- Any treatment or service that is considered investigational per our medical policies. Please refer to MedPolicy Blue at [medicalpolicy.nebraskablue.com](http://medicalpolicy.nebraskablue.com).

The following services or procedures, to determine medical necessity (includes, but is not limited to)*:

- Brachytherapy
- Cardiac event monitoring
- Durable medical equipment: Please refer to the code-specific listing in Medical Policy Blue
- Genetic testing
- Intra-articular hyaluronate injections for osteoarthritis
- Intensity-modulated radiation therapy (IMRT)
- Neuropsychiatric testing
- Radiofrequency and cryosurgical ablation of solid tumors
- Transcranial magnetic stimulation

*Note: Please refer by code for specific services that require prior authorization in MedPolicy Blue, available online at [medicalpolicy.nebraskablue.com](http://medicalpolicy.nebraskablue.com).

The following services or procedures, to determine medical necessity – using InterQual criteria:

- Biventricular pacemaker
- Biventricular pacemaker with implantable cardioverter-defibrillator (ICD)
- Carotid angioplasty/stenting
- Deep brain stimulation
- Endometrial ablation
- Gastric stimulation
- Hysterectomies
- Hysteroscopies
- Left ventricular assist device
- Kyphoplasty/vertebroplasty
- Radiofrequency ablation/cryoablation for renal
drug
- Radiofrequency ablation and transarterial chemoembolization for liver (TACE)
- Sinus surgery
- Sleep studies (adult/pediatric)
- Spinal stimulation
- Subcutaneous prophylactic mastectomy (breast cancer)
- Surgery for morbid obesity (adult/adolescent)
- Vagal nerve stimulation
- Varicose vein surgeries
- Wireless capsule endoscopy (adult/pediatric)

- Lumbar and cervical fusions, microdiscectomies and lumbar decompression require prior authorization through NIA Magellan at [www1.radmd.com](http://www1.radmd.com).
- Interventional pain management (facet injections, epidural injections and facet neurolysis) require prior authorization through NIA Magellan at [www1.radmd.com](http://www1.radmd.com).
- CT, MRI, PET scans and SPECT scans require prior authorization through AIM [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com).
### Medical Policies Requiring PreAuthorization*

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*This list is current as of 11/25/15. It is subject to change. For the most current information, check here regularly for updates.