As part of Blue Cross and Blue Shield of Nebraska’s (BCBSNE) prior authorization (preauthorization) and utilization management programs (also referred to as precertification), the following services and procedures require prior authorization:

- All acute inpatient admissions and inpatient observation (submit through Clear Coverage™ via your provider portal)
- Skilled nursing facility, acute rehab, long term acute care and hospice
- Home health care services (skilled nursing visits and hospice)
- Non-Emergent Air Ambulance
- Please refer to MedPolicy Blue at medicalpolicy.nebraskablue.com to determine whether a treatment or service requires prior authorization.

The preauthorization process has been streamlined which may offer the provider an automated approval at the time of the preauthorization submission. This process may be used for both medical and pharmacy preauthorization submissions.

Here are a few helpful tips to improve your experience:

- Search by procedure code or keyword. Make sure you are clicking on the correct “find policies by” button before clicking “Search”
- Make sure you are choosing the correct policy as there may be more than one policy pertaining to the code or keyword. Choosing the incorrect policy may result in an unnecessary denial
- Attaching medical records will help avoid additional requests for both Medical and Pharmacy policies

Medical policy and updates are also available online at:
https://www.nebraskablue.com/providers/policies-and-procedures/medical-policies

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

- Biventricular pacemaker
- Biventricular pacemaker with implantable cardioverter-defibrillator (ICD)
- Breast reductions
- Carotid angioplasty/stenting
- Deep brain stimulation
- Gastric stimulation
- Hysterectomies
- Left ventricular assist device
- Kyphoplasty/vertebroplasty
- Radiofrequency ablation/cryoablation for renal
- 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

Lumbar and cervical fusions, microdiscectomies and lumbar decompression require prior authorization through NIA Magellan at radmd.com.

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Interventional pain management (facet injections, epidural injections and facet neurolysis) require prior authorization through NIA Magellan at radmd.com.
CT, MRI, PET scans and SPECT scans require prior authorization (submit through Clear Coverage via your provider portal).

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