



Blue Cross and Blue Shield of Nebraska Prior Authorization List

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).

MEDICAL POLICIES REQUIRING PREAUTHORIZATION*

POLICY NUMBER	POLICY NAME
I.0	PROCEDURES MEDICAL REVIEW
I.31	CHELATION THERAPY/CHEMICAL ENDARTERECTOMY
I.91	CARDIAC HEMODYNAMIC MONITORING IN THE MANAGEMENT OF HEART FAILURE IN THE OUTPATIENT SETTING
I.101	PROLOTHERAPY
I.105	ELECTRICAL STIMULATION OF MUSCLES AND NERVES
I.121	PARASPINAL SURFACE ELECTROMYOGRAPHY (EMG) TO EVALUATE AND MONITOR BACK PAIN
I.129	VIRTUAL COLONOSCOPY / COMPUTED TOMOGRAPHY COLONOGRAPHY
I.133	DUCTAL LAVAGE OF THE MAMMARY DUCTS
I.134	DERMATOSCOPY
I.137	FECAL ANALYSIS IN THE DIAGNOSIS OF INTESTINAL DYSBIOSIS
I.139	WIRELESS CAPSULE ENDOSCOPY IN OBSCURE DIGESTIVE TRACT BLEEDING
I.147	OPIOID ANTAGONISTS UNDER HEAVY SEDATION OR GENERAL ANESTHESIA AS A TECHNIQUE OF OPIOID DETOXIFICATION
I.149	ANALYSIS OF PROTEOMIC PATTERNS FOR EARLY DETECTION OF CANCER
I.155	CARDIAC EVENT MONITORS AND OUTPATIENT CARDIAC TELEMETRY
I.161	TRANSURETHRAL RADIOFREQUENCY ENERGY SYSTEM (RENESSA) FOR URINARY INCONTINENCE
I.167	TARGETED PHOTOTHERAPY FOR PSORIASIS
I.170	MANIPULATION UNDER ANESTHESIA FOR TREATMENT OF CHRONIC SPINAL OR PELVIC PAIN
I.171	INTRAVENOUS ANESTHETICS FOR THE MANAGEMENT OF CHRONIC PAIN
I.174	NEUROFEEDBACK
I.175	AUTOMATED POINT OF CARE NERVE CONDUCTION TESTING
I.178	AUTISM SPECTRUM DISORDERS
I.179	CATEGORY III CODES
I.180	INGESTIBLE PH AND PRESSURE CAPSULE
I.181	AUTOLOGOUS EYE DROPS
I.183	NONCONTACT ULTRASOUND TREATMENT FOR WOUNDS
I.184	CLINICAL TRIALS

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I.185	SUBLINGUAL ALLERGY THERAPY
I.186	BIOIMPEDANCE DEVICE FOR DETECTION AND MANAGEMENT OF LYMPHEDEMA
I.187	LOW LEVEL LASER THERAPY
I.188	NEGATIVE PRESSURE WOUND THERAPY
I.189	EXTERNAL BREAST PROSTHESIS
I.190	TOTAL PARENTERAL NUTRITION (TPN)
I.192	CORNEAL COLLAGEN CROSS-LINKING
I.193	BREAST PROSTHESIS
I.195	BOTULINUM TOXIN INJECTIONS (Previously Medical Policy X.7)
I.196	INTRA ARTICULAR HYALURONATE INJECTIONS FOR OSTEOARTHRITIS (Previously Medical Policy X.46)
I.198	SLEEP STUDIES
I.199	DRUGS TO TREAT CANCERS WITH OVEREXPRESSED HER-2 PROTEIN (Previously Medical Policy X.11)
I.201	LASER INTERSTITIAL THERMAL THERAPY
III.24	ELECTRICAL BONE GROWTH STIMULATION OF THE APPENDICULAR SKELETON AND AS AN ADJUNCT TO A SPINAL FUSION
III.52	PERIURETHRAL INJECTION FOR THE TREATMENT OF URINARY INCONTINENCE
III.62	SURGERIES FOR OBSTRUCTIVE SLEEP APNEA: UVULOPALATOPHARYNGOPLASTY (UPPP), PALATOPHARYNGOPLASTY (PPP), UVULECTOMY, TONSILLECTOMY, ADENOIDECTOMY, NASAL SEPTOPLASTY, LASER-ASSISTED UVULOPALATOPLASTY (LAUP)
III.78	TREATMENTS FOR PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS
III.83	CHARGED-PARTICLE RADIATION, HELIUM ION OR PROTON, AND STEREOTACTIC RADIOSURGERY/ FRACTIONATED STEREOTACTIC RADIOTHERAPY (SRS)/(SRT) AND STEREOTACTIC BODY RADIATION (SBRT)
III.105	PROCEDURES TO TREAT DYSMENORRHEA AND UTERINE FIBROIDS INCLUDING: UTERINE NERVE ABLATION, PRESACRALNEURECTOMY (LUNA), LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS
III.109	TOTAL ARTIFICIAL HEARTS
III.118	TRANSMYOCARDIAL REVASCULARIZATION FOR THE TREATMENT OF CORONARY ARTERY DISEASE
III.125	MONITORING OF SENSORY EVOKED POTENTIALS
III.139	FETAL SURGERY FOR PRENATALLY DIAGNOSED MALFORMATIONS
III.142	PERCUTANEOUS DISC PROCEDURES, INCLUDING: PERCUTANEOUS LASER DISC DECOMPRESSION (PLDD), PERCUTANEOUS RADIOFREQUENCY DISC DECOMPRESSION, AND PERCUTANEOUS SPINAL

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III.145	DISCECTOMY RADIOFREQUENCY AND CRYOSURGICAL ABLATION OF SOLID TUMORS
III.148	TRANSESOPHAGEAL ENDOSCOPIC THERAPIES FOR GASTROESOPHAGEAL REFLUX DISEASE
III.150	EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) FOR PLANTAR FASCIITIS AND OTHER MUSCULOSKELETAL CONDITIONS
III.158	TOTAL ANKLE REPLACEMENT
III.159	TOTAL HIP RESURFACING
III.168	SACROPLASTY
III.170	LUMBAR ARTIFICIAL INTERVERTEBRAL DISCS
III.172	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS
III.175	LUNG VOLUME REDUCTION SURGERY / REDUCTION PNEUMOPLASTY AND THORACOSCOPIC LASER ABLATION
III.177	BALLOON SINUS OSTIAL DILATION
III.178	BRONCHIAL THERMOPLASTY
III.179	SEMI-IMPLANTABLE AND FULLY IMPLANTABLE MIDDLE EAR HEARING AIDS
III.180	SURGICAL DEACTIVATION OF MIGRAINE HEADACHE TRIGGER SITE
III.181	OVARIAN AND INTERNAL ILIAC VEIN EMBOLIZATION AS A TREATMENT OF PELVIC CONGESTION SYNDROME
III.182	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE
III.183	MAGNETIC ESOPHAGEAL RING TO TREAT GASTROESOPHAGEAL REFLUX DISEASE (GERD)
III.187	NIA MAGELLAN-INTERVENTIONAL PAIN MANAGEMENT AND CERVICAL/LUMBAR SPINE SURGERY
III.188	AUTOLOGOUS CHONDROCYTE IMPLANTATION FOR FOCAL ARTICULAR CARTILAGE LESIONS
III.189	DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN
III.190	TOTAL KNEE AND HIP REPLACEMENT FOR MUD, EHA AND EMPLOYEES OF BCBSNE
III.191	AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA
III.193	OCCULSION OF UTERINE ARTERIES USING TRANSCATHETER EMBOLIZATION
III.194	ENDOBONCHIAL VALVES
III.195	FECAL MICROBIOTA TRANSPLANTATION
III.196	STENTING FOR ILIAC VEIN COMPRESSION FOR MAY-THURNER SYNDROME
III.197	AXIAL LUMBOSACRAL INTERBODY FUSION
III.198	TRANSGENDER REASSIGNMENT SURGERY
III.199	COCHLEAR IMPLANT
III.200	PATIENT SPECIFIC CUTTING GUIDES AND CUSTOM KNEE IMPLANTS

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III.202	IMPLANTABLE BONE CONDUCTION & BONE ANCHORED HEARING AIDS
III.203	PERCUTANEOUS LEFT ATRIAL APPENDAGE CLOSURE DEVICE FOR STROKE PREVENTION IN ATRIAL FIBRILLATION
III.204	TRANSANAL ENDOSCOPIC MICROSURGERY
III.205	SATURATION BIOPSY OF THE PROSTATE
III.206	CYTOREDUCTIVE SURGERY & PERIOPERATIVE INTRAPERITONEAL CHEMOTHERAPY FOR SELECT INTRA-OPERATIVE ABDOMINAL AND PELVIC MALIGNANCIES
III.207	SPHENOPALATINE GANGLION BLOCK
III.208	BALLOON EUSTACHIAN TUBOPLASTY
III.209	HYSTERECTOMY
III.210	SINUS SURGERY
III.211	PROPHYLACTIC MASTECTOMY
III.212	BARIATRIC SURGERY
III.213	BREAST REDUCTION
III.214	CAROTID ANGIOPLASTY AND STENTING
III.215	DEEP BRAIN STIMULATION
III.216	VAGUS NERVE STIMULATION
III.217	GASTRIC STIMULATION
III.218	SPINAL CORD STIMULATOR
III.219	BIVENTRICULAR PACEMAKER WITH AND WITHOUT PACEMAKER
III.220	LEFT VENTRICULAR ASSIST DEVICE(LVAD)
III.221	RADIOFREQUENCY ABLATION OR CRYOABLATION FOR RENAL
III.222	RADIOFREQUENCY ABLATION OR TRANSARTERIAL THERAPY FOR LIVER
III.223	VERTEBROPLASTY/KYPHOPLASTY
IV.51	OPHTHALMOLOGIC TECHNIQUES OF EVALUATING GLAUCOMA
IV.54	MAGNETOENCEPHALOGRAPHY (MEG)/MAGNETIC SOURCE IMAGING (MSI)
IV.62	COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)
IV.64	MAGNETIC RESONANCE NEUROGRAPHY
IV.65	TOTAL BODY COMPUTED TOMOGRAPHIC (CT) SCREENING
IV.67	TRANSCRANIAL MAGNETIC STIMULATION AS A TREATMENT OF MENTAL ILLNESS AND OTHER BRAIN DISORDERS
IV.72	INTENSITY MODULATED RADIATION THERAPY (IMRT)
IV.73	ULTRASONOGRAPHIC MEASUREMENT OF INTIMAL-MEDIAL THICKNESS AS AN ASSESSMENT OF SUBCLINICAL ATHEROSCLEROSIS
IV.76	ACCELERATED IRRADIATION THERAPY, BRACHYTHERAPY, AND INTRAOPERATIVE RADIATION THERAPY (IORT)
IV.77	RADIOEMBOLIZATION/SELECTIVE INTERNAL RADIOTHERAPY(SIRT)
IV.78	BONE MINERAL DENSITY MEASUREMENT (DEXA)

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IV.79	3-DIMENSIONAL AND 4-DIMENSIONAL FETAL ULTRASOUND
IV.81	RADIOLOGY/IMAGING
IV.82	TARGETED BIOPSY OF THE PROSTATE USING MAGNETIC RESONANCE IMAGING
IV.83	ONCOLOGIC APPLICATIONS OF PET SCAN
V.10	KRAS, NRAS AND BRAF MUTATION ANALYSIS
V.11	MULTIGENE EXPRESSION ASSAY FOR PREDICTING RECURRENCE IN COLON CANCER
V.13	MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS FOR THE PREDICTION OF TYPE 2 DIABETES
V.14	CYTOCHROME P450 GENOTYPING
V.15	GENETIC TESTING FOR NON-CANCEROUS INHERITABLE DISEASES
V.16	GENETIC TESTING FOR CANCER SUSCEPTIBILITY
V.18	CYTOGENETIC MICROARRAY ANALYSIS FOR DEVELOPMENTAL DELAY, AUTISM, AND/OR CONGENITAL ANOMALIES
V.19	CARDIOVASCULAR RISK PANELS
V.20	FECAL CALPROTECTIN TESTING
V.21	MEASUREMENT OF SERUM ANTIBODIES TO INFlixIMAB AND ADALIMUMAB
V.22	GENERAL APPROACH TO EVALUATING THE UTILITY OF GENETIC PANELS
V.23	GENETIC TESTING FOR HEREDITARY BREAST AND/OR OVARIAN CANCER (BRCA 1 AND BRCA 2)
V.24	GENETIC TESTING FOR MARFAN SYNDROME, THORACIC AORTIC ANEURYSMS AND DISSECTIONS AND RELATED DISORDERS
V.25	GENETIC TESTING FOR PREDISPOSITION TO INHERITED HYPERTROPHIC CARDIOMYOPATHY
V.26	GENETIC TESTING FOR LYNCH SYNDROME AND OTHER INHERITED COLON CANCER SYNDROMES
V.27	PHARMACOGENOMIC AND METABOLIC MARKERS FOR PATIENTS TREATED WITH THIOPURINE
V.28	SERUM ANTIBODIES FOR THE DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE
V.29	GENETIC TESTING FOR HEREDITARY HEMOCHROMATOSIS
V.31	CARRIER TESTING FOR GENETIC DISEASES
V.32	GENETIC TESTING FOR HETEROZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA
V.34	GENETIC TESTING FOR MACULAR DEGENERATION
V.35	GENETIC TESTING FOR HEREDITARY HEARING LOSS
V.36	WHOLE EXOME AND WHOLE GENOME SEQUENCING FOR DIAGNOSIS OF GENETIC DISORDERS
V.37	MOLECULAR ANALYSIS FOR TARGETED THERAPY OF NON- SMALL CELL LUNG CANCER
V.38	GENE EXPRESSION BASED ASSAYS FOR CANCERS OF

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	UNKNOWN PRIMARY
V.39	NERVE FIBER DENSITY TESTING
V.40	GENETIC TESTING FOR MITOCHONDRIAL DISORDERS
V.41	GENETIC TESTING FOR RHETT'S SYNDROME
V.42	GENETIC TESTING FOR MENTAL HEALTH CONDITIONS
V.45	BREAST CANCER PROGNOSIS DETERMINATION BY GENETIC ASSAY
V.46	HUMAN LEUKOCYTE ANTIGEN TESTING FOR CELIAC DISEASE
V.47	MOLECULAR MARKERS IN FINE NEEDLE ASPIRATES OF THE THYROID
V.48	GENETIC AND PROTEIN BIOMARKERS FOR THE DIAGNOSIS AND CANCER RISK ASSESSMENT OF PROSTATE CANCER
V.50	GENETIC TESTING OF CADASIL SYNDROME
V.51	CARRIER TESTING FOR SPINAL MUSCULAR ATROPHY
V.52	CARRIER AND GENETIC TESTING FOR CYSTIC FIBROSIS
V.53	NEXT GENERATION SEQUENCING FOR ASSESSING MEASURABLE RESIDUAL DISEASE
VI.16	HYPERBARIC OXYGEN PRESSURIZATION AND TOPICAL HYPERBARIC OXYGEN CHAMBER
VII.15	CONTINUOUS PASSIVE MOTION (CPM) DEVICES
VII.35	OSCILLATORY DEVICES FOR THE TREATMENT OF RESPIRATORY DISORDERS (THE VEST AIRWAY CLEARANCE SYSTEM)
VII.39	HEART DISEASE REVERAL PROGRAMS (ORNISH PROGRAM)
VII.49	SENSORY INTEGRATION THERAPY
VII.51	CONTINUOUS MONITORING OF GLUCOSE IN THE INTERSTITIAL FLUID
VII.65	MICROPROCESSOR-CONTROLLED PROSTHETIC KNEES
VII.67	SPEECH GENERATING DEVICE
VIII.1	CHAIR, SEAT, LIFT
VIII.3	SPECIALTY HOSPITAL BEDS
VIII.5	ULTRAVIOLET CABINET
VIII.6	POWER WHEELCHAIR
VIII.7	ADJUSTABLE CRANIAL ORTHOSES FOR POSITIONAL PLAGIOCEPHALY AND CRANIOSYNOSTOSIS
VIII.8	NONINVASIVE POSITIVE AIRWAY PRESSURE DEVICES AND ORAL APPLIANCES
VIII.9	TUMOR-TREATMENT FIELDS THERAPY FOR GLIOBLASTOMA
VIII.10	STANDING FRAMES (STANDER, STANDING DEVICE)
X	ALL PHARMACY MEDICAL POLICIES

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