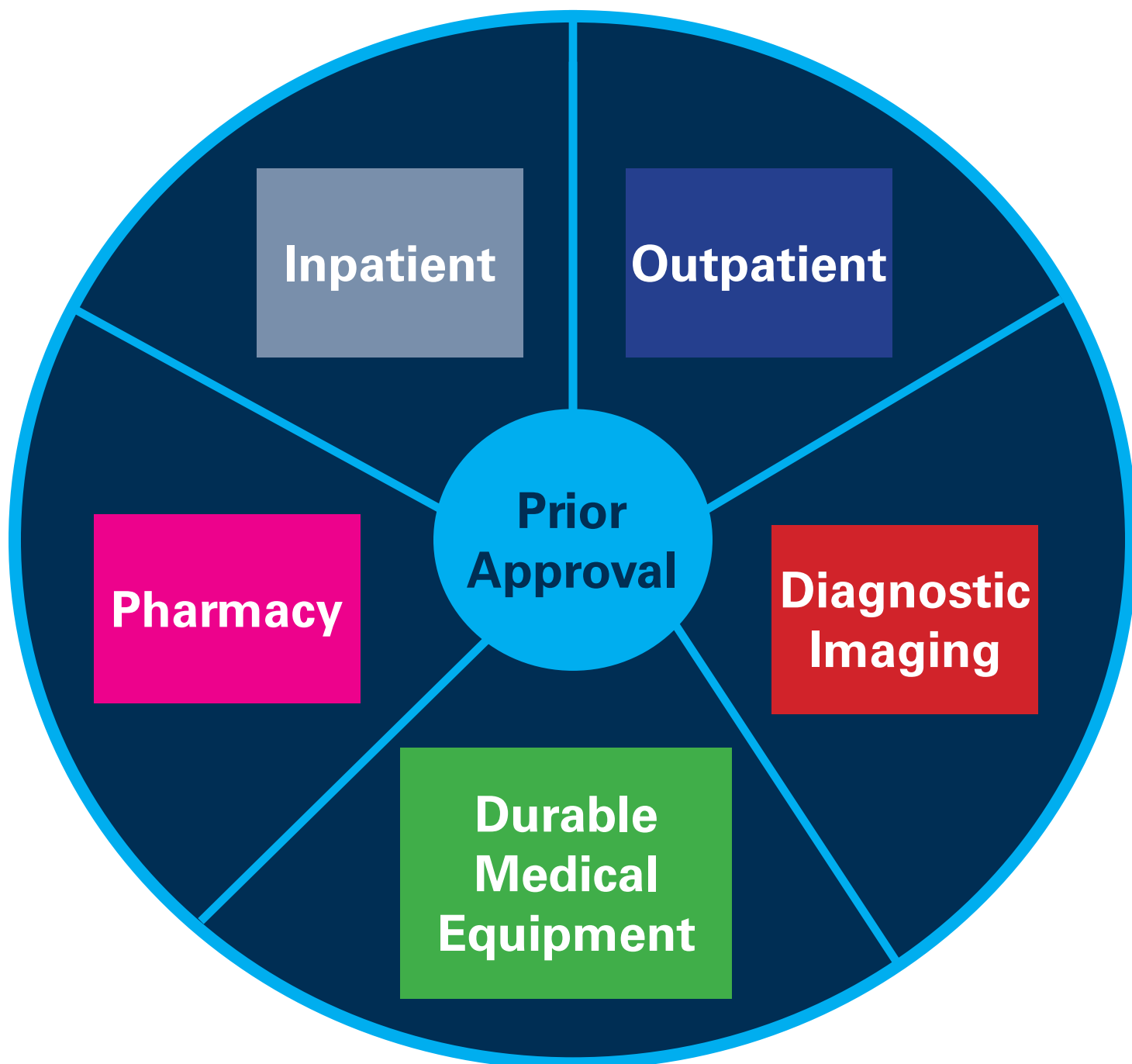


Metallic Policy Prior Approval Guide



This guide is solely for Metallic policies with the following alpha prefixes: AEE, AXC, EXX, XCB, XCQ and XCR.

Introduction

This document includes all services requiring prior approval for members on Arkansas Blue Cross and Blue Shield's metallic plans. Prior approval requests are completed within two business days for regular requests and one day for urgent requests.

Note: If a prior approval request is approved, it is not a guarantee that the claim for the service, if provided, will be paid when the claim for that service is submitted. The claim could be denied if the member's coverage has lapsed after the approval but before the service is provided due to nonpayment of premium. Providers using AHIN may check the status of the member's coverage prior to performing the service in several ways: AHIN will display the Individuals policy status as Active, Termed or in a Grace Period. AHIN displays the most current information that has been received from the State of Arkansas for Arkansas Works members. AHIN also displays information on the status of a member's coverage limits. However, if multiple providers filing claims for similar services on the same member and depending on the sequence/timely filing of claims, the status of these limits would be updated. Please be advised that MyBlueLine, the interactive voice system, is also available 24/7 with information on member status.

Definitions

The general term "prior approval" is used universally at Arkansas Blue Cross to define a process that is used when medical tests, procedures or services require review by the enterprise before the medical test, procedure or service meets primary coverage criteria and will be covered by the member's benefit plan. Other terms include:

1. Primary coverage criteria: Criteria established by Arkansas Blue Cross that must be met before benefits are available for a service. Elements of the primary coverage criteria include:
 - The intervention must be a health intervention intended to treat a medical condition.
 - The intervention must be proven to be effective.
 - The intervention must be the most appropriate supply or level of service considering potential benefits and harms to the patient.
 - The intervention must be the most cost-effective intervention.
2. Pre-certification: Reviewing inpatient admissions to determine whether hospitalization is medically necessary, or whether needed services could be provided in an outpatient or other alternative setting.
3. Pre-notification: Contacting the health plan prior to admission or other medical service to alert us of the admission or service.

Prior Approval and Prenotification Contacts:

Organization Name	Phone	Fax	Website
Arkansas Blue Cross Prenotification	800-800-4298		
Arkansas Blue Cross Prior Approvals	800-558-3865	501-378-6647	
CVS/Caremark	877-433-2973	888-836-0730	
New Directions Behavioral Health	877-801-1159		
National Imaging Associates	877-642-0722		www.radmd.com

INPATIENT FACILITY SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Acute Inpatient Rehab	Required. Continued stay criteria must be met	Limit of 60 days per service year.	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Call the Prior Approval Team at 800-558-3865
Hospice Care	Required	Limit of one continuous period up to 180 days per lifetime.	<p>Benefits for hospice inpatient, home or outpatient care is a combined service.</p> <ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Hospital Admission	Required for all hospital admissions	None	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Call the Prior Approval Team at 800-558-3865
Long Term Acute Care Facility (LTAC)	Prenotification requested	None	<ul style="list-style-type: none"> • Call Customer Service at 800-800-4298
Mental/Behavioral Health Inpatient Services, Substance Use Disorder and Residential Treatment Centers	Required	Residential treatment facilities are limited to 60 days per calendar year	<ul style="list-style-type: none"> • Call New Directions Behavioral Health at 877-801-1159
Neurologic Rehabilitation and Cognitive Rehabilitation Services	Required for traumatic brain injuries only	Limit of 60 days per lifetime	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865

INPATIENT FACILITY SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Organ Transplant Services	Required except for kidney and cornea transplants.	None	<ul style="list-style-type: none"> The prior approval form must be submitted prior to receiving any transplant services, including evaluation. Fax requests to 501-399-3967, Attn: Carolyn Webb.
Skilled Nursing Facility	Required. Continued stay criteria must be met. Admission must be within seven days of discharge from an inpatient hospital stay.	Limit of 60 days per calendar year in a facility to increase ability to function. Custodial care is not covered.	<ul style="list-style-type: none"> Use the Pre-Service Review tool through AHIN Call the Prior Approval Team at 800-558-3865

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Autism Spectrum Disorder Services (under the age of 18)	Required	<ul style="list-style-type: none"> Applied Analysis Treatment Plan: 1 every 6 months Applied Behavioral Analysis Assessment: up to 3 hours once every 3 months Applied Behavioral Analysis BCBA services: six hours per week for 50 weeks 	<ul style="list-style-type: none"> Call New Directions at 877-801-1159 Diagnosis by a licensed doctor of medicine or licensed psychologist <i>(see continuation on next page)</i>

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Autism Spectrum Disorder Services (under the age of 18) Continued	Required	<ul style="list-style-type: none"> • Applied behavioral analysis treatment by a behavioral technician, a board certified associate behavioral analyst, or a board certified behavioral analyst (direct or line): Up to 40 hours per week for 50 weeks • Refer to coverage policy 2011053 	<ul style="list-style-type: none"> • Call New Directions at 877-801-1159 • Diagnosis by a licensed doctor of medicine or licensed psychologist
Cardiac and Pulmonary Rehabilitation	Required	36 visits per service year	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Diabetes Management Program	Required	\$250 allowable per calendar year	
Habilitation and Developmental Services	Not Required	30 visits per year for outpatient habilitative services. 180 visits per year for developmental services	
Home Health Services	Required	Limit of 50 visits per service year	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Hospice Care	Required	Limit of one continuous period up to 180 days per lifetime	<p>Benefits for hospice inpatient, home or outpatient care is a combined service. Fax treatment plans to Arkansas Blue Cross at 501-301-1915.</p> <ul style="list-style-type: none"> • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx
Hospital Services in Connection with Dental Treatment/Oral Surgery	Required	None	<p>Patient under 7 years of age determined by two dentists to require the dental treatment without delay, patient with a diagnosis of a serious mental or physical condition, a patient certified by his or her primary care physician to have a significant behavioral problem.</p> <ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Hyperbaric Therapy	Required	Number of visits determined by diagnosis	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Implantable Osseointegrated Hearing Aids/ Cochlear Implants	Required	None	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Infertility Testing, Artificial Insemination and In Vitro	Required	None	<ul style="list-style-type: none"> • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Maternity and Obstetrical Care including Routine Prenatal Care and Postnatal Care	Prenotification required	None	<p>Treating provider should complete prenote within the first trimester to identify high risk pregnancies.</p> <ul style="list-style-type: none"> • Call Customer Service at 800-800-4298
Mental/Behavioral Health Office Visits	Not Required	None	None
Mental/Behavioral Health Outpatient Services Non-Hospital Health Interventions: Repetitive Transcranial Magnetic Stimulation Treatment (rTMS)	Required	None	<ul style="list-style-type: none"> • Call New Directions Behavioral Health at 877-801-1159
Outpatient Surgery	Required for certain services	None	<p>Check the patient's benefits to determine which services require prior approval. <i>(see continuation on next page)</i></p>

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Outpatient Surgery Continued	Required for certain services	None	If prior approval is required: <ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Pain Management	Required	None	<ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865
Pediatric Vision Services	Required	One per calendar year	
Reconstructive Surgery/ Corrected Surgery and Related Health Interventions	Required	None	Correction of defects incurred in and accidental injury; correction of a cleft palate or cleft lip; removal of a port-wine stain or hemangioma (on the head, neck or face). <ul style="list-style-type: none"> • Use the Pre-Service Review tool through AHIN • Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • Call the Prior Approval Team at 800-558-3865

OUTPATIENT SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Reduction Mammoplasty	Required	None	<ul style="list-style-type: none"> Use the Pre-Service Review tool through AHIN Fax a prior approval form. Form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx Call the Prior Approval Team at 800-558-3865
Rehabilitation Services (OT/PT/ST and Chiropractic)	Not Required	30 visits per calendar year	Visits are combined total of physical therapy, occupational therapy, speech therapy, and spinal manipulation chiropractic services.
Substance Use Disorder Outpatient Services/ Residential Treatment Centers	Required	60 days per year in a facility	<ul style="list-style-type: none"> Call New Directions Behavioral Health at 877-801-1159

DIAGNOSTIC IMAGING SERVICES

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Advanced Diagnostic Imaging Services (CT/PET scans, MRI/MRA, Nuclear Cardiology)	Required for every outpatient service. Emergency care, observation care, and inpatient care are excluded.	None	<ul style="list-style-type: none"> Clinical validation required for abdominal and pelvic CT, chest/thorax CT, head CT, and sinus CT. Call NIA at 877-642-0722 or visit their website www.RadMD.com.

DURABLE MEDICAL EQUIPMENT

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Durable Medical Equipment (DME)	Required for anything over \$500	None	<ul style="list-style-type: none"> Use the Pre-Service Review tool through AHIN Fax a prior approval form. The form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx Call the Prior Approval Team at 800-558-3865
Enteral Feeds	Required	None	<p>Feedings must be documented by an in-network physician as being the patient's sole source of nutrition. Approval forms must be completed in units.</p> <ul style="list-style-type: none"> Use the Pre-Service Review tool through AHIN Fax a prior approval form. The form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx Call the Prior Approval Team at 800-558-3865
Gastric Pacemaker	Required	None	<ul style="list-style-type: none"> Use the Pre-Service Review tool through AHIN Fax a prior approval form. The form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx Call the Prior Approval Team at 800-558-3865
Prosthetic and Orthotic Devices and Services	Required for anything over \$5,000	None	
Wound Vacuum Assisted Closure Devices	Required	None	

PHARMACY

Benefit	Prior Approval Requirements	Maximum Benefit	Special Instructions
Quantity Limit Exceptions, Drug fertility treatments, Step therapy, and non-covered drugs	Required	None	<ul style="list-style-type: none"> • Please check the prior approval list and the 2018 Metallic Formulary for drugs requiring prior approval at http://www.arkansasbluecross.com. • Prior approval is obtained by calling Caremark at 877-433-2973.
Medications on the Metallic Formulary	Required for some	None	
"Off Label" Use of Medication	Required	None	
Select Prescription Medications <ul style="list-style-type: none"> • Xolair • Nucala • Solaris • Adoptive Immunotherapy 	Required for non-emergency care	None	<ul style="list-style-type: none"> • Fax a prior approval form. The form can be located on the ABCBS website http://www.arkansasbluecross.com/providers/AuthServices.aspx • For status, call Customer Service 800-800-4298