

1. Before requesting pre-authorization, please verify eligibility and benefits, through Customer Service at 1 (800) 541-8981.
2. **Member contracts determine benefits. Contract exclusions will not be pre-authorized.** Denials may be appealed through Customer Service.
3. Pre-authorizations obtained within 90 business days prior to service are valid except in the case of a misrepresentation.
4. Regence BlueCross BlueShield of Oregon follows Medicare's medical policy for your region.

Phone: (503) 220-4795 or (800) 824-8563 Fax: (800) 547-1192

Chemical Dependency and Mental Health

Phone: (800) 547-9718 Fax: (800) 331-3505

- **Inpatient Only**

Durable Medical Equipment (DME)

- **Equipment purchase or repair** with billed charges over \$1,500 for any single line item or component unless listed as a requirement or exception below
- **Equipment rental** with billed charges over \$500/month for any single line item or component unless listed as a requirement or exception below
- **Extremity prosthetics** with billed charges over \$5,000 for any single line item or component
- **Foot orthotics (shoes and inserts only)**
- **Vacuum assisted wound closure devices**
- **Exceptions (the following items do not require pre-authorization, regardless of line item charges)**
 - apnea monitors
 - cardiac monitors
 - CPAP/BiPAP
 - CPM
 - dynamic splints
 - home dialysis equipment
 - infusion pumps
 - insulin pumps
 - ocular prostheses
 - oxygen and oxygen equipment
 - psoriasis lights
 - suction pumps
 - ventilators (including maintenance)

Home Services

- **Home health services** including initial evaluations
- **Parenteral nutrition**

Inpatient Admissions

- **Contracted facilities are required to notify us of all inpatient admissions and discharges via phone or faxed inpatient census logs (including patient name, admitting diagnosis and admission/discharge dates)**
- **Rehabilitation**
- **Skilled nursing facility (SNF)**
- **Transplants and ventricular assist devices (pre-authorization not required for corneal transplants)**
Phone: (800) 560-0749 Fax: (503) 226-8754

Other Services

- **Air ambulance (non-emergent transfers only)**
- ***Cosmetic or potentially cosmetic procedures (procedures solely intended for the purposes of feature enhancement) - pre-authorization not required for initial breast reconstruction (1 or 2 stages and nipple/areola reconstruction) following mastectomy**
- ***Investigational or potentially investigational services (not accepted by Medicare as reimbursable given lack of acceptance of standard of care in the community)**
- **Obesity services** including but not limited to work-up, treatment and surgery
- **Orthognathic surgery**
- **Outpatient rehabilitation after 15 visits by any one discipline (including physical therapy, speech therapy, occupational therapy and manipulation of subluxation of the spine by osteopaths or chiropractors) to determine medical necessity of ongoing therapy subject to Medicare's definition of maintenance therapy**

*Check our Web site at www.or.regence.com/provider for a list of procedures identified by Medicare as meeting these criteria



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FOR YOUR HEALTH