



*BlueCross BlueShield of South Carolina  
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Blue Cross and Blue Shield Association*

## **Standard Precertification and Admission Certification Requirements**

Here is information on standard services that routinely require precertification or admission certification for BlueCross BlueShield of South Carolina. This summary is not all-inclusive. The location of service, member benefit contracts and/or physician/provider agreements may affect precertification or admission certification. Payments are also subject to BlueCross medical coverage guidelines.

The Precertification/Referral function in My Insurance Manager<sup>SM</sup> automatically determines if a member's benefits structure requires precertification and will let you know if you need to submit a precertification request for the selected service.

### **Imaging Services**

Effective April 1, 2009, certain advanced imaging services will require pre-certification from National Imaging Associates (NIA) when performed and billed in an outpatient or office location. We will post more information on our Web site about requesting pre-certification from NIA as the implementation date approaches.

### **Provider Manual**

Refer to the [Provider Office Administration Manual](#) for additional information about the precertification and admission certification process.

### **Pharmacy**

Refer to the [Prior Authorization Drug List](#) page for information about precertification for drugs.

## Services that Generally Require Precertification

<ul style="list-style-type: none"> <li>Behavioral health services, including substance abuse treatment</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient rehabilitation</li> </ul>
<ul style="list-style-type: none"> <li>DME over specified dollar amounts (varies)</li> </ul>	<ul style="list-style-type: none"> <li>Investigational or experimental procedures<sup>1</sup></li> </ul>
<ul style="list-style-type: none"> <li>Elective inpatient procedures</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy</li> </ul>
<ul style="list-style-type: none"> <li>Home health care</li> </ul>	<ul style="list-style-type: none"> <li>Sclerotherapy</li> </ul>
<ul style="list-style-type: none"> <li>Hospice</li> </ul>	<ul style="list-style-type: none"> <li>Septoplasty</li> </ul>
<ul style="list-style-type: none"> <li>Hysterectomy</li> </ul>	<ul style="list-style-type: none"> <li>Skilled nursing facility admissions</li> </ul>
<ul style="list-style-type: none"> <li>In vitro fertilization</li> </ul>	<ul style="list-style-type: none"> <li>Surgery on the jaw</li> </ul>
<ul style="list-style-type: none"> <li>Infusion therapy</li> </ul>	<ul style="list-style-type: none"> <li>TMJ surgery</li> </ul>
<ul style="list-style-type: none"> <li>Inpatient hospital care</li> </ul>	<ul style="list-style-type: none"> <li>Transplants</li> </ul>
<ul style="list-style-type: none"> <li>Any procedure that may potentially be considered cosmetic in nature, such as blepharoplasty, reduction mammoplasty or TMJ</li> </ul>	

- A one-time notification when a member is initiating outpatient chemotherapy or radiation therapy

<sup>1</sup> Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For information, please refer to our [Medical Policies](#). If you have questions about particular procedures, please use the Contact Us link in the Medical Policies section.