GA STANDARD PREAPPROVAL REQUIREMENTS

BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.
PARTICIPATING PROVIDER (INDEMNITY) AND PREFERRED PROVIDER ORGANIZATION (PPO) AND
BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA, INC.
BLUE CHOICE HEALTHCARE PLAN (HMO), BLUE CHOICE OPTION (POS), BLUE DIRECT (HMO/POS), BLUE OPEN ACCESS

10/01/17

<table>
<thead>
<tr>
<th>Eligibility and benefits</th>
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<tr>
<td>Eligibility and benefits can be verified by accessing the BCBSGA/BCBSHP web site bcbsga.com or by calling the number on the back of the member’s identification card. Service preapproval is based on member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract effective dates. The provider is responsible for verification of member eligibility and covered benefits. Except in the case of an emergency, failure to obtain preapproval prior to rendering the designated services listed below will result in denial of reimbursement.</td>
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<tr>
<th>AIM Specialty Health® (AIM)</th>
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<tr>
<td>AIM Specialty Health®, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of BCBSGAs for certain health plan members. Determine if preapproval is needed for a BCBSGA member by clicking the “Medical Policy, Clinical UM Guidelines, and Preapproval Requirements” link on our bcbsga.com provider website, or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact AIM online via AIM’s ProviderPortal® at aimspecialtyhealth.com/goweb. From the drop-down menu, select BCBSGA. You may also call AIM toll-free at 866-714-1103, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.</td>
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<th>Genetic Testing (Effective 07/01/17)</th>
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<td>Effective with dates of service on or after July 1, 2017, the medical necessity review of all genetic testing services for GA fully insured members will transition to AIM Specialty Health®, a separate company. Additionally, this review will now take place as a prior authorization. The program applies to local GA fully insured members only and excludes the following: Medicare, Medicaid, FEP, Labor &amp; Trust, National Accounts and Local ASO. The program begins July 1, 2017, please submit genetic testing prior authorization requests to AIM through one of the following ways:</td>
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<td>• Access AIM ProviderPortal® directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.</td>
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<td>• Access AIM via the Availity Web Portal at availity.com.</td>
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<td>• Call the AIM Contact Center toll-free number: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m. ET.</td>
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<th>Diagnostic Imaging Management</th>
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<td>Except for emergencies, the following procedures must be preapproved through AIM after eligibility and benefits have been verified with BCBSGA/BCBSHP: CT scan, CTA, MRA, MRI, nuclear cardiology and PET scan. NOTE: During observation only for CT scans, CTA, echocardiography, MRA, MRI, nuclear cardiology, and PET scans please call BCBSGA for preapproval. Diagnostic imaging services may be reviewed against BCBSGA medical policies, where appropriate, or AIM’s Diagnostic Imaging Utilization Management Clinical Guidelines. AIM’s clinical guidelines are available at <a href="http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html">http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html</a>. If you have any questions about which guidelines are applicable, please call the customer service number on the back of the member’s ID card.</td>
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<th>Cardiovascular Services</th>
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<td>BCBSGA requires preapproval for cardiac catheterization with coronary angiography, echocardiograms, arterial ultrasound and percutaneous coronary intervention (PCI). The program is managed by AIM administering the program on behalf of BCBSGA. The specific CPT codes requiring preapproval under the cardiovascular program can be found on the Preapproval page of our provider website, bcbsga.com. These preapproval requirements do not apply to the following:</td>
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<td>• Federal Employee Program® (FEP®), except echocardiograms</td>
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<td>• Medicare, except echocardiograms</td>
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<tr>
<td>• Medicare Supplemental plans</td>
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<td>Procedures performed in an inpatient setting or on an emergent basis are not included in the program. BCBSGA recognizes that the necessity for arterial duplex imaging of the extremities may not be identified by providers until their patients have undergone physiologic testing. Similarly, the need for percutaneous coronary intervention (PCI) is predicated upon the results of cardiac catheterization. In these cases, we ask that you contact AIM no later than 10 business days after you perform arterial duplex imaging or PCI, but before you submit the claim, to request preapproval/clinical appropriateness review.</td>
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<td>If you have further questions, please contact your local Network Relations consultant or call Provider Customer Service at 800-428-4446.</td>
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<th>Radiation Therapy Services</th>
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<td>Radiation therapy performed as part of an inpatient admission will continue to be reviewed through BCBSGA’s inpatient preapproval process. Providers must contact AIM for preapproval for the following non-emergency outpatient services:</td>
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<tr>
<td>o Intensity Modulated Radiation Therapy (IMRT)</td>
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<td>o Proton Beam Radiation Therapy</td>
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<td>o Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiotherapy (SBRT)</td>
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<td>o Brachytherapy,</td>
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<td>o Image Guided Radiation Therapy (IGRT) in association with External Beam Radiation Therapy</td>
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<tr>
<td>o Fractons (also referred to as units) for breast and bone metastases for covered individuals getting External Beam Radiation Therapy (EBRT) or Intensity Modulated Radiation Therapy (IMRT). Fractions will also be reviewed for non-small cell lung cancer effective 10/31/2016.</td>
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<td>Special treatment procedure and special physics consult (CPT® codes 77470 and 77370) (e.g., total body irradiation, hemibody radiation, or intraoperative irradiation and special medical radiation physics consultation).</td>
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A complete list of CPT codes requiring preapproval under the Radiation Therapy Program can be found on the “Preapproval Requirements and Forms” page on our provider website, bcbsga.com. All BCBSGA local members who currently require preapproval for non-emergency outpatient radiation therapy are included in this program. However, these preapproval requirements do not apply to the following plans: |
Outpatient Sleep Testing and Therapy Services

The specialty benefit management program for outpatient sleep testing and therapy services for obstructive sleep apnea is also administered by AIM and include the following:

- Home sleep test (HST)
- In-lab sleep study (PSG)
- Titration study
- Initial treatment order (APAP, CPAP, BPAP, oral devices, appliances and related supplies)
- Ongoing treatment order (APAP, CPAP, BPAP, oral devices, appliances, and related supplies)

BCBSGa uses sleep diagnostic and treatment guidelines developed by AIM. AIM's Obstructive Sleep Apnea Diagnostic & Treatment Management Guidelines are available at aimspecialtyhealth.com/gowebsleep. However, these preapproval requirements do not apply to the following plans:

- Federal Employee Program® (FEP®)
- Medicaid
- Medicare Supplemental plans

Specialty Pharmacy Drugs

Pre-service clinical review of specialty pharmacy drugs that fall under the medical benefit for BCBSGa are managed by AIM, with the following exceptions:

- Federal Employee Program® (FEP®)
- Medicaid
- Medicare Advantage
- Medicare Supplemental plans

Specialty Pharmacy Level of Care

The Specialty Pharmacy program has been expanded to include a review of the requested level of care. A new clinical guideline Level of Care: Specialty Pharmaceuticals CG-DRUG-47 will apply to the review process. The expanded program will continue to be administered by AIM Specialty Health® (AIM®), a separate company. Based on the information you provide, AIM will review both the drug for clinical appropriateness and the level of care against health plan clinical criteria. The level of care review does not apply to requests for review of oncology or hemophilia drug indications.

Physician offices that currently administer specialty drugs in the office setting are impacted by this change. However, when providers select a hospital-based outpatient facility as the level of care, a list of alternate locations, such as infusion centers and home infusion providers will be made available. Medical specialty pharmacy providers will also be listed as an alternate option to supply the infusion medication to physician offices who can administer it to the member. If an alternate level of care is not selected, providers will be prompted to indicate the reason hospital-based level of care is medically necessary. If a request for hospital-based level of care does not meet medical necessity criteria upon review by a physician reviewer, the request will not be approved. We encourage you to discuss with members the lower level of care options, such as physician office, infusion center, or home infusion therapy.

Pre-service clinical review of specialty pharmacy drugs that fall under the medical benefit for BCBSGa are managed by AIM, with the following exceptions:

- Federal Employee Program® (FEP®)
- Medicaid
- Medicare Advantage
- Medicare Supplemental plans

For more information, such as clinical criteria for specialty drugs and level of care, including frequently asked questions, go to aimprovider.com/specialtyrx.

Cancer Care Quality Program

The Cancer Care Quality Program is administered by AIM on behalf of BCBSGa. The Program is provided in accordance with BCBSGa's reimbursement policy EPRP-0043, "Cancer Treatment Planning and Care Coordination." A copy of this policy can be found online on our provider website, bcbsga.com, by clicking on the link labeled Reimbursement Policies. The Cancer Care Quality Program includes Cancer Treatment Pathways for more than 20 cancer types. All BCBSGa members are included except for the following groups:

- Federal Employee Program® (FEP®)
- Medicaid
- Medicare Advantage
- Medicare Supplemental plans

A special website is available and offers you all the tools and information you need to get started. Visit cancercarequalityprogram.com to find out how this quality Program:

- Allows you to compare planned cancer treatment regimens against evidence-based clinical criteria
- Allows you to compare planned cancer treatment regimens against evidence-based clinical criteria, lower in toxicity and cost-effective
- Allows you to compare planned cancer treatment regimens against evidence-based clinical criteria, lower in toxicity

Online tools are available to provide decision support to oncologists selecting cancer treatment regimens that are consistent with current evidence and consensus guidelines. In addition, the Program includes Cancer Treatment Pathways based on medical evidence and best practices developed with leading cancer experts to support oncologists in identifying effective and affordable therapies. Oncologists who order an appropriate treatment regimen that is on Pathway will be eligible for enhanced reimbursement.

By clicking on the links above, you will be linked to sites created and/or maintained by another, separate entity ("External Site"). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites. The information contained on the External Sites should not be interpreted as medical advice or treatment provided by us.
Institutional admissions requiring preapproval

- Acute inpatient (Including transplants)
- Sub-acute inpatient (Skilled Nursing and Long Term Care)
- Inpatient rehabilitation

NOTE: For urgent/emergent admissions all facilities must notify BCBSGa within 24 hours or the next business day.

Out-patient and some inpatient services requiring preapproval:

- Abdominoplasty and panniculectomy
- Adenoidectomy
- Ambulance services: Ground, non-emergent
- Ankle replacement, total
- Antineoplaston therapy
- Aortic aneurysm, thoracic, repair and graft
- Aortic coarctation, excision or repair
- Artery stent placement, carotid, vertebral and intracranial with or without angioplasty
- Arthroereisis, subtalar
- Autism Spectrum Disorders and Rett Syndrome, Medical and other non-behavioral health related treatments
- Back pain (chronic), Percutaneous neurolysis for
- Bariatric Surgery and Other Treatments for Clinically Severe Obesity
- Barrett’s esophagus treatment, ablative techniques
- Behavioral Health and Substance Abuse Services - Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), Transcranial Magnetic Stimulation for Depression and Residential Treatment
- Behavioral Health, Intensive In-Home Services
- Benign prostatic hyperplasia (BPH) and other genitourinary conditions, surgical and minimally invasive treatments
- Blepharoplasty, blepharoptosis repair, and brow lift
- Bone Graft Substitutes
- Bone growth stimulation, electrical and ultrasound
- Bowel Surgery: Abdominoperineal resection or total colectomy with proctectomy
- Bowel Surgery: Colectomy, partial, with or without ostomy
- Bowel Surgery: Colectomy, partial, with or without ostomy, by laparoscopy
- Bowel Surgery: Small intestine resection
- Brain stimulation, deep
- Breast-conserving surgery intraoperative margin assessment-radiofrequency spectroscopy/optical coherence tomography
- Breastfeeding pumps
- Cardiac Implantable Ambulatory Event Monitors and Mobile Telemetry
- Cardiac catheterization and coronary angiography in the outpatient setting
- Cardiac outpatient hemodynamic monitoring using a wireless sensor for heart failure management
- Cardiac resynchronization therapy for heart failure treatment
- Cardiac transcatheter closure of patent foramen ovale and left atrial appendage for stroke prevention
- Cardiac Valve replacement or repair
- Cardiac Valve: Ross procedure
- Cardiac ventricular septal defect transmyocardial/perventricular device closure
- Cardio-reduction, partial left ventriculectomy
- Cardioverter-defibrillators
- Chelation therapy
- Cochlear implants and auditory brainstem implants
- Communication/speech generating devices, augmentative and alternative (ACC)
- Cosmetic and reconstructive services of the head and neck; trunk and groin
- Cosmetic and reconstructive services, skin related
- Custodial Care
- Electroencephalography (EEG), Ambulatory and Inpatient Video
- Endoscopy, Capsule
- Epidural adhesion lysis
- Epiduroscopy
- Functional electrical stimulation (FES); threshold electrical stimulation (TES)
- Functional endoscopic sinus surgery (FESS)
- Gallbladder removal
- Gastric electrical stimulation
- Gender reassignment surgery
- Hearing aids, bone-anchored and implantable, middle ear
- Heart monitors, real-time remote
- Hip resurfacing and replacement
- Hyperbaric oxygen therapy (systemic/topical)
- Hyperhidrosis
- Hysterectomy
- Infertility surgery, diagnostic
- Infusion pumps, implantable and insulin, external (portable) continuous
- Inpatient sub-acute care
- Insulin Delivery Devices, Automated
- Intracytoplasmic Sperm Injection (ICSI)
- Intraocular anterior segment aqueous drainage devices (without extraocular reservoir)
- Intraocular lenses, presbyopia and astigmatism-correcting
- Intussusception Reduction, Surgical
- Joint and ligamentous conditions, Prolotherapy for
- Joint capsules, ligaments and tendons, electrothermal shrinkage
- Joints, Treatment of osteochondral defects
- Knee arthroscopy
- Knee, Bicompartmental arthroplasty
- Knee, Meniscal allograft transplantation of the knee
- Knee replacement
- Liver malignancies, locally ablative techniques for treating primary and metastatic
- Lung volume reduction surgery
- Mandibular/maxillary (orthognathic) surgery
- Mastectomy for gynecomastia
- Maze Procedure

**Medications – NOTE: For drugs NOT listed below, please check the AIM website at [aimspecialtyhealth.com/goweb](http://aimspecialtyhealth.com/goweb)**

- Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion
- Botulinum Toxin
- Chelation Therapy
- Fosaprepitant (Emend®) (Delete effective 09/01/17)
- Infertility Drugs
- IV vs. Oral Drug Administration in the Outpatient and Home Setting
- Off-Label Drug and Approved Orphan Drug Use
- Radium RA 223 Dichloride (Xofigo®)
- Subcutaneous Hormone Replacement Implants

- Migraine headache, surgical treatment
- Nasal surgery for obstructive sleep apnea (OSA) treatment and nasal turbinate radiofrequency ablation for nasal obstruction with/without OSA
- Neck pain (chronic), percutaneous neurolysis for
- Neonatal levels of care
- Obstructive sleep apnea, treatment in adults
- Obstructive sleep apnea or snoring, oral, pharyngeal and maxillofacial surgical treatment for
- Occipital nerve stimulation
- Orthopedic conditions, extracorporeal shock wave therapy
- Orthopedic procedures, computer-assisted musculoskeletal surgical navigational
- Oscillatory devices for airway clearance including high frequency chest compression (Vest™ airway clearance system) and intrapulmonary percussive ventilation (IPV)
- Ovarian and internal iliac vein embolization as a treatment of pelvic congestion syndrome
- Ovarian tissue or oocytes, cryopreservation of
- Pain management: cervical, thoracic & lumbar facet injections
- Pain management: epidural steroid injections
- Pediatric feeding disorders, intensive programs
- Penile prosthesis implantation
- Photocoagulation of macular drusen
- Plantar fasciitis and plantar fibroma, cryoablation
- Powered mobility devices
- Powered robotic lower body exoskeleton devices
- Private duty nursing in the home setting
- Prostate Cancer, Autologous cellular immunotherapy for the treatment of
- Prosthesis, microprocessor controlled lower limb
- Prosthetic devices, myoelectric upper extremity
- Radiation therapy (See radiation therapy services section above)
- Radiation therapy for cervical or thyroid cancer, inpatient admission
- Radiology (See outpatient diagnostic imaging section above. NOTE: During observation only for CT scans, CTA, echocardiography, MRA, MRI, nuclear cardiology and PET scans please call BCBSGa for approval.)
- Recombinant human bone morphogenetic protein
- Reconstructive surgery and other breast procedures
- Reduction mammoplasty
- Rehabilitation, acute inpatient
- Sacral nerve stimulation as treatment of neurogenic bladder secondary to spinal cord injury
- Sacroiliac joint fusion
- Scoliosis and Spinal Deformity, Surgical Interventions for
- Septoplasty
- Shoulder replacement
- Sinuplasty, balloon
- Skilled nursing facility services
- Sleep apnea, obstructive; oral, pharyngeal and maxillofacial surgical treatment
- Sleep apnea, obstructive, treatment in adults
- Sleep disorder diagnosis
- Sleep testing and therapy services, Outpatient (See Outpatient Sleep Testing and Therapy Services section above)
- Sleep testing - Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)
- Specialty Pharmacy Level of Care
- Spectroscopy, near-infrared brain screening for hematoma detection
- Spine - Axial lumbar interbody fusion
- Spine – Cervical fusion
- Spine - Cervical total disc arthroplasty
- Spine - Lumbar laminectomy, fusion and total disc arthroplasty (TDA)
- Spine - Lumbar laminectomy, hemi-laminectomy, laminotomy and/or discectomy
- Spine - Percutaneous and endoscopic surgery
- Spine - Spinal artificial intervertebral discs and Spinal cord stimulators (SCS), implanted
- Spine - Spinal percutaneous procedures (vertebroplasty, kyphoplasty and sacroplasty)
- Spine - Spinal stenosis, implanted devices
- Spine - Spine and joints other than the knee, manipulation under anesthesia
- Standing frames
- Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices
- Suprachoroidal injection of a pharmacologic agent
- Temporomandibular disorders
- Tonsillectomy with or without Adenoidectomy for Children
- Transcranial Magnetic Stimulation for Depression
- Transplants - evaluation, pre-determination and inpatient admissions
- Transtympanic micropressure for Ménière’s disease treatment
- Tropism Testing for HIV Management
- Tumors outside the liver, radiofrequency ablation treatment
- Tumors (solid) outside the liver, cryosurgical ablation
- Uterine artery embolization, transcatheter
- Ultrasound Ablation, MRI Guided High Intensity Focused for Non-Oncologic Indications
- Uvulopalatopharyngoplasty (UPPP)
- Vagus nerve stimulation
- Varicose vein (lower extremity) treatment
- Viscocanalostomy and canalooplasty
- Wheeled mobility devices: ultra-lightweight manual wheelchairs

Service coverage:
HMO: Services listed above require preapproval and will be denied if rendered without the appropriate preapproval regardless of whether rendered in or out-of-network. HMO members do not have benefits for non-emergency services rendered outside of the network without obtaining a preapproval.

POS: Services listed above require preapproval and will be denied if rendered without the appropriate preapproval regardless of whether rendered in or out-of-network. Providers must have a referral for in-network benefit payment except for Blue Direct specialists and Open Access providers performing services that no longer require preapproval. If there is no referral or the member self-referred, the out-of-network benefit level will be paid.

PPO: Services listed above require preapproval and will be denied if rendered without the appropriate preapproval regardless of whether rendered in or out-of-network. PPO members do not require a referral for benefit payment.

(Non-urgent) Preapproval-notification process for BCBSGs
- Submit all required clinical information 15 calendar days before the proposed procedure when possible. A minimum time frame of three (3) business days is required to complete a thorough clinical analysis. A preapproval number will be provided to you once all clinical information has been received and reviewed.
- Institutional admissions – All facilities must notify us within 24 hours or the next business day (whichever is earlier) after admission.

Contact numbers:
AIM Specialty HealthSM, For the Cancer Care Quality Program, Cardiovascular Services, Diagnostic Imaging Management, Genetic Testing, Outpatient Sleep Tests and Sleep Therapy Services, Radiation Therapy Services, Specialty Pharmacy and Level of Care call 866-714-1103 or use the provider portal available at www.aimspecialtyhealth.com/goweb.

Mental health and substance abuse services: Call 800-292-2879 or fax 866-737-8503

Transplant evaluations, pre-determinations and inpatient admits: Call 800-824-0581

Preapproval requests can be submitted as follows: Routine, emergent/urgent requests call 800-722-6614 or fax 877-254-4971