



INPATIENT SERVICES

Surgical and Non-surgical Inpatient Admissions
Acute Rehabilitation
Skilled Nursing Facility
Inpatient Hospice
Maternity Admission (for notification only)

OUTPATIENT FACILITY/OFFICE SERVICES

(other than inpatient)

MRI/MRA
CT/CTA Scan
PET Scan
Nuclear Cardiac Studies
Hysterectomy
Cataract Surgery
Nasal Surgery for Submucous Resection and Septoplasty
Transplants (except cornea)
Comprehensive Outpatient Pain Management Programs (including epidural injections)
Obesity Surgery
Sleep Studies
Day Rehabilitation Programs
Dental Services as a Result of Accidental Injury
Uvulopalatopharyngoplasty (including laser-assisted)

ALL HOME CARE SERVICES (including infusion therapy in the home)

INFUSION THERAPY DRUGS in a OUTPATIENT FACILITY or in a PROFESSIONAL PROVIDER'S OFFICE (see list)

BIRTHING CENTER (for notification only)

ELECTIVE (non-emergency) AMBULANCE TRANSPORT

OUTPATIENT PRIVATE DUTY NURSING

PROSTHETICS AND ORTHOTICS

Purchase items over \$500, including repairs and replacements, (except ostomy supplies)

DURABLE MEDICAL EQUIPMENT

Purchase items over \$500, including repairs and replacements and all rentals, (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

RECONSTRUCTIVE PROCEDURES AND POTENTIALLY COSMETIC PROCEDURES

Abdominoplasty
Augmentation Mammoplasty
Blepharoplasty
Chemical Peels
Dermabrasion
Excision of Redundant Skin
Keloid Removal
Lipectomy/Liposuction
Orthognathic Surgery Procedures
Mastopexy
Otoplasty
Panniculectomy
Reduction Mammoplasty
Removal or Reinsertion of Breast Implants
Rhinoplasty
Surgery for Varicose Veins
Scar Revision
Subcutaneous Mastectomy for Gynecomastia

MENTAL HEALTH/SERIOUS MENTAL ILLNESS/ SUBSTANCE ABUSE

Mental Health & Serious Mental Illness Treatment
(Inpatient/Partial Hospitalization Programs/Intensive Outpatient programs)
Substance Abuse Treatment
(Inpatient/Outpatient/Partial Hospitalization)

BIOTECHNOLOGY/SPECIALTY INJECTABLE DRUGS

(see list)

Services by a non-participating physician/provider for non-emergency services (In-network/Referred care)

For more information regarding preauthorization requirements please call 1-800-ASK-BLUE
or visit www.ibx.com/providers/preapproval/index.html

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