

Network Notification

Date: December 23, 2010 **Number:** 125
TO: All BMC HealthNet Plan Network Providers
FROM: BMC HealthNet Plan
SUBJECT: Prior authorizations for specialty care from BMC HealthNet Plan-contracted providers
PRODUCT: MassHealth Qualified Health Plan

The information in this Network Notification supplements Prior Authorization policies stated in BMC HealthNet Plan's (the Plan) *Provider Manual*. This information will be incorporated into the *Provider Manual*, available online at bmchp.org, effective March 1, 2011.

Summary

BMC HealthNet Plan requires prior authorization for visits to certain Plan-contracted specialists unless the specialist and the member's primary care provider (PCP) are affiliated with the same hospital, or if the member is going to Boston Medical Center for specialty care.

Specialty Care

Specialty care as listed in this Network Notification refers to the following specific set of Evaluation and Management (E&M) CPT codes and related HCPCS codes.

- 92002-92004: New Patient Ophthalmology Services*
- 92012-92014: Established Patient Ophthalmology Services*
- 99201-99205: New Patient Office or Other Outpatient Visit
- 99211-99215: Established Patient Office or Other Outpatient Visit
- G0245-G0246: Initial or Follow-up Physician Evaluation and Management of a Diabetic Patient with Diabetic Sensory Neuropathy Resulting in Loss of Protective Sensation
- G0247: Routine Foot Care by a Physician of a Diabetic Patient with Diabetic Sensory Neuropathy Resulting in Loss of Protective Sensation

*Excludes services provided by optometrists.

Requirements

Prior authorization from BMC HealthNet Plan is required when specialty care is administered by specialists affiliated with any of the following Plan-contracted hospitals unless the specialist and the member's PCP are both affiliated with the same hospital:

- Beth Israel Deaconess Medical Center – all locations



- Carney Hospital
- Children’s Hospital – all locations (*Please note that, effective December 31, 2014, Children’s Hospital no longer participates in BMC HealthNet Plan’s network.*)
- Mount Auburn Hospital
- Saint Elizabeth’s Medical Center
- Tufts Medical Center
- Women and Infants Hospital of Rhode Island (for MassHealth members only)

Starting March 1, 2011, providers will be able to find the names of the hospitals with which PCPs and specialists are affiliated by going to bmchp.org and clicking on the “Find a Provider” link. Physician profiles will include hospital affiliations.

Please note that providers should fax prior authorization requests for specialty care services to 1-617-951-3464.

When prior authorization is required, it will be granted for specialty care with specialists affiliated with the above hospitals when the specialty care is not available from a specialist affiliated with Boston Medical Center or from a Plan-contracted specialist affiliated with the same hospital as the member’s PCP.

Prior authorization is NOT required for the codes listed in the Specialty Care section above when:

- the specialist is affiliated with Boston Medical Center, or
- the Plan-contracted specialist is affiliated with the same hospital as the member’s PCP, or
- care is administered by Plan-contracted specialists affiliated with any Plan-contracted hospital not listed above, or
- the service rendered is one of the first 12 outpatient visits to a Behavioral Health provider.

Prior authorization is NOT required for specialty care if a member goes to any in-network obstetrician, gynecologist or certified nurse midwife for:

- maternity care, or
- routine annual gynecologic exams, including any follow-up obstetric or gynecological services determined to be medically necessary as a result of such exam, or
- medically necessary evaluations and related health care services for acute or emergency gynecological conditions, or
- family planning services, or to any MassHealth-contracted provider for family planning services.

Please note: Specialty services – other than those specifically identified above by code or by exclusion – remain subject to prior authorization requirements as listed on the prior authorization grid located at bmchp.org.

Billing reminder

It is the responsibility of the member’s PCP or the Plan-contracted specialist who will administer the specialty care to obtain the required prior authorization from BMC HealthNet Plan. If no



prior authorization is obtained and the Plan-contracted specialist administers the specialty care to the member, BMC HealthNet Plan will deny payment for failure to obtain a required prior authorization. The Plan-contracted specialist is prohibited from billing the member.

Questions?

If you have any questions about this Network Notification, please contact your provider relations representative, or call the provider line at 1-888-566-0008. All BMC HealthNet Plan Network Notifications are available online at bmchp.org.

