



To help manage your health care needs and costs, use BCBSNE's online tools, such as:

### › Cost Estimator

This tool helps you estimate medical costs before you receive care. With this tool, you can find cost information for many common medical conditions and health care services, and compare physicians and facilities.

To access the Cost Estimator, log on to myblue at [mynebraskablue.com](http://mynebraskablue.com). This secure website helps you make sense of your medical bills and health care spending.

### › Blue Distinction Centers

To help you decide where to have your procedure or other treatment, we encourage you to consider a facility designated as a Blue Distinction Center or Blue Distinction Center+.

Blue Distinction Centers are part of a national designation program recognizing hospitals that meet quality-focused criteria surrounding patient safety and outcomes. Blue Distinction Centers+ facilities meet the same quality standards as Blue Distinction Centers, but also demonstrate cost-efficiency.

To find one of the 11 Nebraska hospitals designated as a Blue Distinction Center or Blue Distinction Center+, visit [www.bcbs.com/bluedistinction](http://www.bcbs.com/bluedistinction).



**NEBRASKA**

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

# Knees, Hips, and Back Procedure Review

Blue Cross and Blue Shield of Nebraska (BCBSNE) has developed a program for employees and their dependents requiring total hip, total knee, or lumbar fusion (back) surgeries.

If you or a dependent need total hip, total knee, or lumbar fusion surgery, your health care provider must preauthorize the procedure before the surgery. Preauthorization helps determine if the procedure is the safest and most effective and cost-efficient treatment option.

## What You Should Know

- 1 This program helps empower you and your dependents** to make smart choices in health care – such as should the procedure be done or are there other treatment options to consider?
- 2 Preauthorization is required for coverage.** For in-network providers, if your health care provider does not receive preauthorization approval before the procedure, and the procedure is performed, the claims will be denied as provider liability, and your provider may not charge you for the service. However, the claims may be reviewed to determine if post-discharge services may be eligible for coverage. Post-discharge services may include physical therapy, occupational therapy, durable medical equipment, skilled nursing visits, and lab or radiology.  
  
If the procedure is performed by an out-of-network provider, the entire claim will be denied as member liability. This means the service may be performed, but it will not be covered by your BCBSNE health plan, and you will be responsible for all payment to the provider. Also, any services needed after the procedure will not be covered and will be your responsibility.
- 3 Services will not be covered if criteria are not met.** If a preauthorization request is submitted by your in-network provider and BCBSNE determines that the criteria, or guidelines for evaluating the procedure, are not met, and the procedure is performed, the claim will be denied as member liability.

This program is one more way BCBSNE is helping you maximize your health care investment. BCBSNE encourages you to actively participate in your health care so you can make smart decisions and avoid complications and additional expenses.

If you have any questions about the Knees, Hips, and Back Program, please contact BCBSNE's Member Services Department at the number on the back of your BCBSNE member ID card.