



EXCEPTION FORM

NAME OF INSURED EMPLOYEE

NAME OF PATIENT

ID#

GROUP #

SERVICE/TREATMENT IS FOR: **Self** **Spouse** **Child**

DIAGNOSIS /CODE

NAME OF SERVICE/TREATMENT

HOSPITAL SERVICE
Revenue Code _____
HCPCS Code _____

PHYSICIAN SERVICE
CPT Code _____
HCPCS Code _____

Non-CAMC site

(Name) (Address) (Phone)

Proposed Admission Date/Date of Service/Date of Treatment _____

Explain why services cannot be performed by CAMC _____

Attending Physician's Name (Address) (Phone)

INSURED EMPLOYEE'S SIGNATURE (Phone) **DATE**

Return to: Mountain State BlueCross BlueShield or fax to: 304-424-0323
Attn: Major Accounts
614 Market Street
Parkersburg, WV 26102

**SUBMIT THIS FORM TWO WEEKS IN ADVANCE OF
ANY PLANNED TREATMENT OR SERVICE.**

Benefits provided by CAMC Health Systems Inc. are designed to encourage utilization of CAMC facilities and affiliates for all medical care.

Specific features of the program providing these incentives are:

1. Preventive Care Services performed at listed facilities is not covered
2. Outpatient surgery performed at listed facilities is not covered
3. Outpatient diagnostic testing performed at listed facilities is not covered
4. Diagnostic services performed in a physician’s office is paid at a lower reimbursement level than services provided by CAMC and its affiliates
5. Any inpatient admission at a Non-CAMC facility is subject to an additional \$500 copay

***This list can change without notice*

Beckley ARH (Appalachian Regional Hospital), Beckley, WV	Pain Management Clinic, Charleston, WV
Boone Memorial Hospital, Madison, WV	Pleasant Valley Hospital, Point Pleasant, WV
Braxton Memorial Hospital, Gassaway, WV	Raleigh General Hospital, Beckley, WV
Cabell Huntington Hospital, Huntington, WV	Roane General Hospital, Spencer, WV
Cabell Huntington Surgery Center, Huntington, WV	St. Francis Hospital, Charleston, WV
Camden Clark Hospital, Parkersburg, WV	St. Joseph's Hospital, Buckhannon, WV
Charleston Surgical (Eye and Ear Clinic) Charleston, WV	St. Joseph's Hospital, Parkersburg, WV
Day Surgery Center, Kanawha City, Charleston, WV	St. Mary's Hospital, Huntington, WV
Holzer, All Facilities and Locations	Stonewall Jackson Memorial, Weston, WV
Jackson General Hospital, Ripley, WV	Summersville Memorial Hospital, Summersville, WV
Kings Daughters Hospital, Ashland, KY	Thomas Memorial Hospital, So. Charleston, WV
Logan Regional Medical Center, Logan, WV	Thomas Oncology, Hurricane, WV
MedExpress, All locations	Tri-State MRI, Huntington, WV
Metro MRI, Charleston, WV	Tri-State Surgical & Diagnostic Center
Montgomery General Hospital, Montgomery, WV	Three Gables Surgery Center, Proctorville, OH
Mountaineer Radiologists, Inc., Charleston, WV	United Hospital Center, Clarksburg, WV
Our lady of Belfonte, Ashland, KY	Women's Care at Teays Valley, Hurricane, WV

Occasionally, medical necessity may dictate that services not available at CAMC be provided for you or a family member. In such circumstances, your plan will waive the above provisions and reimburse services as if they were provided by CAMC or an affiliate. To qualify for this “exception” to the benefit plan, you must seek prior approval of the higher level of payment. **REQUESTS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE PROPOSED DATE OF SERVICE.** This will allow timely research and communication of the ‘exception’ determination to you and the provider. Advance notification to the provider will allow you to avoid additional out of pocket expense for care.

Examples of care known to qualify for an exception are:

- CPT codes 92081, 92082, 92083 visual field examinations (for glaucoma patients);
- CPT code 92135 ophthalmic diagnostic imaging;
- CPT code 92552, 92553 pure tone audiometry threshold exam;
- “Open” MRI services for persons of specific body mass index or certain impairments;
- Specific types of treatment or surgery known to not be available at CAMC facilities;
- Services available only from specialized care centers such as Cleveland Clinic, Duke University, Johns Hopkins University, and University of Virginia.

To request an ‘exception’ or waiver of additional cost sharing:

1. Complete the form included as a part of this document
2. Obtain specific billing codes from the attending physician
3. Provide additional pages or documentation if available, including attending physician’s address and phone number.
4. Allow 10 working days for a final determination and communication to your provider.