



PRIOR AUTHORIZATION REQUIREMENTS LIST
Effective 01/01/2021

- **Prior authorizations are a pre-service medical necessity review.** A prior authorization is the process where we review the requested service or drug to see if it is medically necessary and covered under the member's health plan. Not all services and drugs need prior authorization. A prior authorization is not a guarantee of benefits or payment. The terms of the member's plan control the available benefits. The list below describes the services that require prior authorization.
- **Eligibility and Benefits Reminder:** An eligibility and benefits inquiry should be completed first to confirm membership, verify coverage and determine whether or not prior authorization (also known as precertification or preauthorization) is required.
- Requests for prior authorization must in all cases be accompanied by appropriate clinical/medical record information **except for routine vaginal or cesarean section deliveries.** Providers may submit prior authorization requests via Availity Authorizations & Referrals, a Web-based automated tool. To learn more, refer to the [Availity Authorizations & Referrals page](#) located in the Provider Tools section.

2021 PRIOR AUTHORIZATION REQUIREMENTS

Specialty Pharmacy:

- Infusion Site of Care - medical necessity review required for therapy and for place of infusion.
- Provider Administered Drug Therapies - medical necessity review required for therapy only

Note: Click here to download a list of [Specialty Pharmacy procedure codes that requires Prior Authorization for Fully Insured \(FI\) & Administrative Services Only \(ASO\) Members.](#)

Inpatient Medical/Surgical Facility Admissions Including Transfers:

- Acute Care / Hospital
- Long Term Acute Care / Sub-acute
- Hospice
- Rehab
- Skilled Nursing

Note: Prior Authorization is required for all inpatient services.

Behavioral Health and Chemical Dependency Facility Admissions:

- Inpatient and Partial Hospitalization
- Residential Treatment Center (RTC)

Behavioral Health and Chemical Dependency Services Outpatient:

- Applied Behavioral Analysis (ABA)
- Electroconvulsive Therapy
- Intensive Outpatient Treatment
- Neuropsychological Testing
- Psychological Testing
- Repetitive Transcranial Magnetic Stimulation

Note: Click here to view or download a list of [Behavioral Health procedure codes that requires Prior Authorization for Fully Insured & ASO Members.](#)

Outpatient Medical/Surgical Services for FI & ASO Members

- Molecular and Genomic Tests
- Radiation Therapy
- Advanced Imaging
- Musculoskeletal - Pain Management
- Musculoskeletal - Joint and Spine Surgery
- Select Outpatient Services including but not limited to:
 - Ear, Nose and Throat
 - Gastroenterology
 - Musculoskeletal
 - Neurology
 - Outpatient Surgery - Orthognathic Surgery (face reconstruction)
 - Outpatient Surgery - Mastopexy (breast lift)
 - Outpatient Surgery - Reduction Mammoplasty (breast reduction)
 - Wound Care

Note: Click here to download a list of Outpatient procedure codes that requires Prior Authorization for [Fully Insured](#) and [ASO](#) Members

Other services that require Prior Authorization includes but not limited to:

- Home Health Care and home I.V. services
- Home Hemodialysis
- Home Hospice
- Home Infusion Therapy (HIT), excluding antibiotics
- Transplants

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be decided once a claim is received. They will be based on, among other things, the member's eligibility and the terms of the member's certificate of coverage effective on the date of service.

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