BlueCross BlueShield of Oklahoma

2027 COMMERCIAL PRIOR AUTHORIZATION REQUIREMENTS SUMMARY
EFFECTIVE 01/01/2027

- **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 prior authorization 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® Essentials Authorizations & Referrals, a Web-based automated tool. To learn more, refer to the Availity Authorizations & Referrals page located in the Provider Tools section.
- Prior authorization may be required for certain services when rendered out-of-network or out-of-state, depending on the member's benefits. Please check eligibility and benefits before rendering services out-of-network or out-of-state.

Inpatient Medical/Surgical Facility Admissions Including Transfers *(Request prior authorization through BCBSOK) **

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

**Code list not available.*

- Notification is not required for unplanned or emergency inpatient hospital care (surgical, non-surgical), including emergency admissions. However, notification of admission to the facility is encouraged.

Mental Health and Substance Use Disorder Facility Admissions *(Request prior authorization through BCBSOK)**

- Residential Treatment Center (RTC)
- Inpatient Facility Admission
  - Notification is not required for unplanned or emergency inpatient hospital care (mental health and/or substance use disorder), including emergency admissions. However, notification of admission to the facility is encouraged.
- **Mental Health and Substance Use Disorder Services Outpatient** *(through BCBSOK)*
- Applied Behavioral Analysis**
- Intensive Outpatient Treatment*
- Partial Hospitalization*

Outpatient Medical/Surgical Services for FI & ASO Members *(through Carelon Medical Benefits Management or BCBSOK as indicated below):***

- Advanced Imaging / Radiology *(Carelon)*
- Cardiology *(Carelon) (ASO Only)*
- Molecular Genetic Lab Testing *(Carelon)*
- Musculoskeletal - Joint, Spine Surgery *(Carelon)*
- Musculoskeletal - Pain *(Carelon)*
- Radiation Therapy / Radiation Oncology *(Carelon)*

Select Outpatient Services in the following categories until 2027 renewal- (see code list below for specific services that require PA) **:

- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Wound Care

Outpatient Utilization Management after 2027 renewal **

Other services that require prior authorization include, but are not limited to:

- Home Health Services (for ASO only)
- Private Duty Nursing
- Home Hemodialysis* (for ASO only)
- Home Hospice* (for ASO only)
- Home Infusion Therapy*

• Repetitive Transcranial Magnetic Stimulation** *Codes not available. *[**Note: Click here to view or download a list of Mental Health procedure codes that require Preauthorization for Fully Insured & ASO Members]*	• Medical Transportation *(through Alacura Medical Transportation Management)* ** • Transplant Evaluations and Transplants** • *Codes not available.*
Specialty Pharmacy Medications that are covered by Medical Benefits** • 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. • Medical Oncology & Supportive Care (through Carelon) – medical necessity review required for oncology drugs that are supported by an oncology diagnosis. *[**Note: Click here to download a list of Specialty Pharmacy procedure codes that require0 Preauthorization for Fully Insured (FI) & Administrative Services Only (ASO) Members.]*	**Pharmacy Benefits (Prime): **** Prior authorization is required for some medications before the drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug. *[***Note: Click here to view Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization under Pharmacy Benefits for Fully Insured (FI) and certain ASO Groups.]*

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or pre-determined 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 terms of the member's certificate of coverage effective on the date of service.

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