BlueCross BlueShield of Oklahoma

PRIOR AUTHORIZATION REQUIREMENTS LIST

Effective 01/01/2023
Updated 04/01/2023

- **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.

2023 PRIOR AUTHORIZATION REQUIREMENTS

Inpatient Medical/Surgical Facility Admissions Including Transfers:*

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

Note: Preauthorization is required for all inpatient services.

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

- Advanced Imaging / Radiology *(AIM)*
- Cardiology *(AIM)*
- Molecular Genetic Lab Testing *(AIM)*
- Musculoskeletal - Joint, Spine Surgery *(AIM)*
- Musculoskeletal - Pain *(AIM)*
- Radiation Therapy / Radiation Oncology *(AIM)*
- Select Outpatient Services including but not limited to: *(BCBSOK)*
  - Cardiology – Lipid Apheresis
  - Ear, Nose and Throat
  - Gastroenterology
  - Neurology
  - Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
  - Pain Management
  - Wound Care

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

- Dialysis obtained from an Out-of-Network-Provider*
- Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)*
- Home Hospice*
- Home Infusion Therapy (HIT)*
- Home Hemodialysis*
- Transplant Evaluations and Transplants
- Out-of-Network/Out-of-Plan Services*
- Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center*

**Codes not available.*
***Note: Click here to view or download a list of Mental Health procedure codes that requires Preauthorization for Fully Insured & ASO Members.*

Behavioral Health and Chemical Dependency Facility Admissions:*

- Inpatient
- Residential Treatment Center (RTC)

Behavioral Health and Chemical Dependency Services Outpatient:

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

**Codes not available.*
***Note: Click here to view or download a list of Mental Health procedure codes that requires Preauthorization for Fully Insured & ASO Members*

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 AIM*) – *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 requires Preauthorization for Fully Insured (FI) & Administrative Services Only (ASO) Members.*

Pharmacy Benefits (Prime):**

Prior Authorization is required on some medications before 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 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.