



# Blue Cross Medicare Advantage<sup>SM</sup>

## Prior Authorization rules - Medicare Advantage Medical / Surgical/Behavioral Health

### Prior Authorization REQUIREMENTS\* through eviCore<sup>®</sup> - Effective 01/01/2025

|   |   |
|---|---|
| 1. Radiology<br>2. Molecular Genetics<br>3. Musculoskeletal - (Spine/Joint/Pain)<br>4. Sleep<br>5. Specialty Drug | Utilizing the eviCore <sup>®</sup> Healthcare Web Portal is the most efficient way to initiate a case, check status, review guidelines, view authorizations / eligibility and more url:<br><a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a> OR<br>Call eviCore toll-free at 1-855-252-1117 between 7 a.m to 7 p.m. local time Monday through Friday except holidays. |
|---|---|

\*Including Network Exceptions [out-of-plan or out-of-network (due to network adequacy) for managed programs]

Note: For specific codes that apply, please access url: <https://www.evicore.com/healthplan/bcbs>

## Prior Authorization rules - Medicare Advantage Medical / Surgical/Behavioral Health through Blue Cross and Blue Shield of Oklahoma

### Network Participation

Out of network providers must seek prior authorization for all services. The exceptions are for emergency services, emergency ambulance services, stabilization, and

### Notification Requirements

In cases of an emergency, notification is required within one business day of admission.

### Medical Necessity

Medical necessity must be met for all services regardless if prior authorization is required. All services are subject to retrospective review and recoupment in accordance

### Inpatient Facility Admission Summary

Prior authorization is required for all planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Elective admissions

All unplanned inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Notification must be made within one business day of

All admissions to a skilled nursing facility, a long term acute care hospital (LTACH) or a rehabilitation facility.

All residential treatment program admissions.

### Limitations Of Covered Benefits by Member Contract

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member benefits differ in their plans. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.

| Covered Service   | Prior Authorization   |
|---|---|
| Allergy care, including tests and serum                                       | Please refer to the prior authorization grid for authorization requirements   |
| Bariatric surgery   | Yes   |
| Blepharoplasty  | Yes   |
| Botox Injections  | Yes   |
| Covered Service   | Prior Authorization   |
| Chemotherapy and Radiation Therapy  | Yes   |
| Dental Care   | Yes   |
| DME - Medical supplies, Orthotics and Prosthesis                              | Refer to the procedure code list for benefit prior authorization requirements   |
| Ground and fixed wing air ambulance   | Ground - No   |
|   | Air - Yes, fixed wing medical transportation  |
| Home health care and intravenous services                                     | Refer to the procedure code list for benefit prior authorization requirements   |
| Hospital services (inpatient, outpatient)                                     | reviewed through eviCore. Inpatient stays with services that are managed by eviCore will be reviewed through eviCore. |
| Injections  | Refer to the procedure code list for benefit prior authorization requirements   |
| Inpatient Rehabilitation Facility   | Yes   |
| Implantable Devices   | Yes   |
| Laboratory, X-ray, EKGs, medical imaging services, and other diagnostic tests | Refer to the procedure code list for benefit prior authorization requirements   |
| Long Term Acute Care (LTAC)   | Yes   |

|   |  |
|---|--|
| Minor surgeries   | Refer to the procedure code list for benefit prior authorization requirements  |
| Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy)  | Refer to the procedure code list for benefit prior authorization requirements  |
| Nutritional counseling services   | Refer to the procedure code list for benefit prior authorization requirements  |
| Nutritional products and special medical foods  | Yes  |
| Office visits to PCPs or specialists, including dietitians, nurse practitioners, and physician assistants   | No   |
| Podiatry (foot and ankle) services  | Refer to the procedure code list for benefit prior authorization requirements  |
| PET, MRA, MRI, and CT scans   | Refer to the procedure code list for benefit prior authorization requirements  |
| Routine physicals   | No   |
| Second opinions (in network)  | No   |
| Skilled Nursing Facilities  | Yes  |
| Special rehabilitation services, such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation  | Yes, Refer to the procedure code list for benefit prior authorization requirements   |
| Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist, organ transplants  | Refer to the procedure code list for benefit prior authorization requirements; all transplants and pre-transplant evaluation require prior authorization |
| Intersex Reassignment Surgery<br>55970, 55980   | Yes  |
| <b>Summary of Services and Behavioral Health UM requirements</b>  |  |
| <b>Covered Service</b>  | <b>Prior Authorization</b>   |
| All Inpatient Stays Facilities/Hospitals  | Yes  |
| Partial Hospitalization   | Yes  |
| Psychological/Neuropsychological Testing  | No   |
| Electroconvulsive Therapy   | No   |
| Transcranial Magnetic Stimulation   | No   |
| Outpatient Services   | Refer to the procedure code list for benefit prior authorization requirements  |
| Please view the comprehensive prior authorization grid for a list of procedure codes that require review. The document allows for bookmarking and searching for the code.   |  |
| Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. |  |
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