Blue Cross Medicare Advantage℠

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

Prior Authorization REQUIREMENTS* through eviCore healthcare®(eviCore) - Effective 01/01/2022

1. Radiology **2. Medical Oncology** **3. Molecular Genetics** **4. Musculoskeletal - (Spine/Joint/Pain)** **5. Radiation Therapy** **6. Sleep** **7. Specialty Drug**	**Utilizing the eviCore Healthcare Web Portal is the most efficient way to initiate a case, check status, review guidelines, view authorizations / eligibility and more on the eviCore Healthcare Web Portal OR** **Call eviCore toll-free at 1-855-252-1117 between 7 a.m. to 7 p.m. local time Monday through Friday except holidays.** **TX ONLY between 6 a.m. to 6 p.m. central standard time Monday through Friday and between 9 am-noon central standard time (CST) on Saturdays, Sundays, and legal holidays**

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

For a full list of services, visit the Blue Cross and Blue Shield of Texas (BCBSTX) webpage. Choose Claims & Eligibility, then select Utilization Management. Scroll to Prior Authorization Lists, then select Prior Authorization Lists for Blue Cross Medicare Advantage PPO℠ and Blue Cross Medicare Advantage HMO℠

Prior Authorization rules - Medicare Advantage Medical / Surgical/Behavioral Health through BCBSTX call toll free 1-877-774-8592 between 8 a.m. - 8 p.m. (CST) Monday through Friday except holidays.**

****Providers requesting Behavioral Health services for Blue Cross Medicare Advantage HMO must contact Magellan Healthcare® at 1-800-327-9251 for prior authorization.**

Network Participation

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

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 with State and Federal rules and regulations.

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 must have prior authorization before the admission occurs.

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

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)	Please refer to the prior authorization grid for authorization requirements, Skilled nursing facilities in IL are reviewed through eviCore. Inpatient stays with services that are managed by eviCore will be reviewed through eviCore.

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Covered Service	Prior Authorization
Injections	Refer to the procedure code list for benefit prior authorization requirements
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, (LTAC facilities in IL only are reviewed through eviCore)
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 dieticians, 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 55970, 55980	Yes
Summary of Services and Behavioral Health UM requirements	
Covered Service	**Prior Authorization**
****Providers requesting Behavioral Health services for Blue Cross Medicare Advantage HMO must contact Magellan Healthcare® at 1-800-327-9251 for prior authorization.**	
All Inpatient Stays Facilities/Hospitals	Yes
Partial Hospitalization	Yes
Psychological/Neuropsychological Testing	Yes, upon notification by BCBSTX
Electroconvulsive Therapy	Yes
Transcranial Magnetic Stimulation	Yes
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. Press "CTRL" and "F" keys at the same time to bring up the search box.

Please note that the fact that a service has been prior authorized/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.