BlueCross BlueShield of Texas

New Prior Authorization Requirements for Blue Cross Medicare Advantage℠ Beginning January 1, 2020

There are important updates to the Prior Authorization Procedure Code List for patients enrolled in Medicare Advantage plans offered by Blue Cross and Blue Shield of Texas (BCBSTX) effective **January 1, 2020**.

These updates are due to changes from the American Medical Association, eviCore as well as the internal BCBSTX review processes. Remember, please use Availity® or your preferred vendor to check eligibility and benefits, to determine if you are in–network for your patient and to determine whether any prior authorization or prenotification is required. Availity allows you to determine if prior authorization is required based on the procedure code. Refer to Eligibility and Benefits under the Claims and Eligibility tab on the BCBSTX provider website for more information on Availity. Providers can also refer to the Prior Authorizations & Predeterminations page on our website for assistance.

Payment may be denied if you perform procedures without obtaining prior authorization when prior authorization is required. If this happens, you may not bill your patients. Remember when submitting a pre–service appeal to always follow the directions included within the denial letter.

The updated **Blue Cross Medicare Advantage Prior Authorization Requirements List** is included below. **Watch for the updates to the Prior Authorization Procedure Code List reflecting the 2020 changes**. It will be posted **by 11/01/2019** on the BCBSTX provider website on the Clinical Resources page under Prior Authorizations and Predeterminations.

If you need assistance or do not have internet access, below is a list of our Network Management offices by location to contact:

Network Management Office	Telephone Number
Blue Cross Medicare Advantage Network Management	1-972-766-7100
Ancillary – Statewide	Refer to the **Contact Us** page on the provider website at www.bcbstx.com/provider/ and locate phone and fax by specialty.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit prior authorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSTX's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits 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. If you have questions, contact the number on the member's ID card.

Blue Cross Medicare Advantage℠

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

PRIOR AUTHORIZATION REQUIREMENTS* through eviCore® - Effective 01/01/2020

Covered Service	Prior Authorization
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: https://www.evicore.com/resources 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]**

Note: For specific codes that apply, please access: https://www.evicore.com/healthplan/bcbs
For a full list of services, visit the Blue Cross and Blue Shield of Texas (BCBSTX) eviCore webpage at BCBSTX.com/provider under Clinical Resources

Prior Authorization rules - Medicare Advantage Medical / Surgical/Behavioral Health through Blue Cross and Blue Shield of Texas
call toll free 1-877-774-8592 between 8 a.m. to 8 p.m. (CST) Monday through Friday except holidays.

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 I.H.S.

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

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Covered Service	**Prior Authorization**
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. Inpatient stays with services that are managed by eviCore will be reviewed through eviCore.
Hyperbaric Oxygen	Yes
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
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 and pulmonary rehabilitation	Yes, Refer to the procedure code list for benefit prior authorization requirements
Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist and 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 *Providers requesting services for Texas Medicare Advantage HMO Plans should contact Magellan for authorization requirements	
Covered Service	**Prior Authorization**
All Inpatient Stays Facilities/Hospitals	Yes
Partial Hospitalization	Yes

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

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Covered Service	Prior Authorization
Psychological/Neuropsychological Testing	Yes, upon notification by BCBS
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.

. **Note: Watch for the updates to the Prior Authorization Procedure Code List reflecting the 2020 changes.** These will be **posted by 11/01/2019** on the BCBSTX provider website at www.bcbstx.com/provider/ on the Clinical Resources page under Prior Authorizations and Predeterminations

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.

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