

# 2018 Prior Authorization Guide Requirements



Blue Cross Medicare Advantage offered by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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

## PRIOR AUTHORIZATION REQUIREMENTS\* THROUGH EVICORE - EFFECTIVE 01/01/2018

1. Cardiology
2. Radiology
3. Medical Oncology
4. Molecular Genetics
5. Musculoskeletal - (PT/OT/ST;Spine/Joint/Pain/Chiro)
6. Radiation Therapy
7. Sleep
8. 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 url: <https://www.evicore.com/healthplan/bcbs> OR Call toll-free at **855-252-1117** between 7 am -7 pm local time Monday through Friday except holidays. TX ONLY between 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays.

\*including Network Exceptions including 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>  
For a full list of services, visit the BCBS eviCore webpage at [BCBS.com/provider](https://www.bcbs.com/provider) under Clinical Resources.

Prior Authorization rules - Medicare Medical/Surgical/Behavioral Health through Blue Cross and Blue Shield of Montana  
Call toll free **877-774-8592** between 8 a.m. to 8 p.m. (CT) Monday through Friday except holidays.

## NETWORK PARTICIPATION

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

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.

Admission 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 contracts differ in their benefits. 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 procedure code list for Authorization Requirements

Bariatric surgery

Yes

Blepharoplasty

Yes

COVERED SERVICE	PRIOR AUTHORIZATION
Botox Injections	Yes
Chemotherapy and Radiation Therapy	Yes
DME - Medical supplies, Orthotics and Prosthesis (Any single durable medical equipment prosthetic and orthopedic device greater than \$1500)	Please refer to the procedure code list for Authorization Requirements and Accumulated Annual limits without authorization
Emergency dental care	Yes
Ground and air ambulance	Ground - No
	Air - Yes
Hearing services and devices	Yes
Home health care and intravenous services	Please refer to the procedure code list for Authorization Requirements
Hospital services (inpatient, outpatient)	Please refer to the procedure code list 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.
Hyperbaric Oxygen	Yes
Injections	Please refer to the procedure code list for Authorization Requirements
Implantable Devices	Yes
Laboratory, X-ray, EKGs, medical imaging services, and other diagnostic tests	Please refer to the procedure code list for Authorization Requirements
Long Term Acute Care (LTAC)	Yes, (LTAC facilities in IL only are reviewed through eviCore)
Minor surgeries	Please refer to the procedure code list for Authorization Requirements
Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy)	Please refer to the procedure code list for Authorization Requirements
Nutritional counseling services	Please refer to the procedure code list for 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	Yes
Personal care services and private duty nursing (home- or school-based) for children under age 21, who qualify under the EPSDT program	Yes
	If your child is disabled, he or she may qualify for more services. Please call Customer Service and ask to speak with a Care Coordinator/Case Manager for more information.
PET, MRA, MRI, and CT scans	Please refer to the procedure code list for Authorization Requirements
Routine physicals	No

<b>COVERED SERVICE</b>	<b>PRIOR AUTHORIZATION</b>
Second opinions (in network)	No
Skilled Nursing Facilities	Yes, (SNF facilities in IL only are reviewed through eviCore)
Special rehabilitation services, such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation	Yes, Please refer to the procedure code list for Authorization Requirements
Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist, organ transplants	Please refer to the procedure code list for 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**

<b>COVERED SERVICE</b>	<b>PRIOR AUTHORIZATION</b>
All Inpatient Stays Facilities/Hospitals	Yes
All Network Exceptions	Yes
Partial Hospitalization	Yes
Psychological/Neuropsychological Testing	Please refer to the procedure code list for Authorization Requirements
Electroconvulsive Therapy	Yes
Transcranial Magnetic Stimulation	Yes
Outpatient Services	Please refer to the procedure code list for Authorization Requirements

Please view the comprehensive preauthorization grid for a list of procedure codes that require review. The PDF document allows for bookmarking and searching for the code.

Blue Cross and Blue Shield of Montana (BCBSMT) has contracted with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide preauthorization for expanded outpatient and specialty utilization management.