

**~ Prior Authorization Guidelines ~**

**Services marked by a bullet in the columns to the left require prior authorization for the designated line of business.**

**PLEASE REVIEW THE PRIOR APPROVAL CODE LIST FOR SPECIFIC CODES REQUIRING PRIOR APPROVAL**

	<b>BCNCHMO</b>	<b>BCNC PPO</b>	<b>Experience Health</b>
<b>Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:</b>	x	x	x
Abdominoplasty	x	x	x
Blepharoplasty	x	x	x
Breast Reduction	x	x	x
<b>Dental Services (coverage under the medical benefit)</b>	x		
<b>Durable Medical Equipment (DME) (See Prosthetics listed separately below)</b>	x	x	x
All Rental Items	x	x	x
Items > \$1,200.00 (Purchase)	x	x	x
Durable Medical Equipment (DME) Maintenance or Repair	x	x	x
<b>Home Health/Home Infusion Services</b>	x	x	x
<b>Inpatient Admissions</b>	x	x	x
Scheduled admissions, including acute hospital, long term acute hospitals, acute to acute hospital transfers, inpatient rehabilitation facility, inpatient hospice, skilled nursing facility, and religious non-medical healthcare services.	x	x	x
<b>NOTE:</b> For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification of urgent/emergency admits (including obstetric admits) within 24 hours or the first business day after the admission is required.	x	x	x
<b>Inpatient Psychiatric and Chemical Dependency Treatment</b>	x	x	x
<b>NOTE:</b> For urgent/emergency admits prior authorization is NOT required. However, notification of urgent/emergency admits within 24 hours or the first business day after the admission is required.	x	x	x
<b>Investigational Procedures (or those potentially investigational)</b>	x	x	x
<b>Nonparticipating Providers and Services</b>	x		x
<b>Pharmaceuticals (See formulary)</b>	x	x	x
Aduhelm, Leqembi	x	x	x
<b>Prosthetics (Such as artificial limbs and components)</b>	x	x	x
<b>Electroconvulsive Therapy (ECT)</b>	x	x	x

<b>Facet Joint Intervention</b>	x	x	x
<b>Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)</b>	x	x	x
<b>Surgery</b>			
Refractive Surgical Procedures (LASIK, PRK, etc.)	x		x
Sacral Neurostimulators	x	x	x
Spinal Neurostimulators	x	x	x
Deep Brain Stimulators	x	x	x
Neuromuscular Stimulators	x	x	x
Bone Growth Stimulators (Osteogenesis)	x		x
Penile Implants	x	x	x
Vagal Nerve Stimulators for Epilepsy	x	x	x
Surgical Treatment of Morbid Obesity	x	x	x
Surgical Treatment of Sleep Apnea (UPPP, somnoplasty, uvulectomy, etc.)	x	x	x
Temporomandibular Joint Surgery	x		x
Transplants, Bone Marrow/Stem Cell and Solid Organ	x	x	x
Varicose Vein Treatment	x	x	x
Vertebroplasty and Kyphoplasty, Percutaneous	x	x	x
Artificial Heart	x	x	x
Ventricular Assist Device	x	x	x
<b>Transportation (non-emergency)</b>	x	x	x
<b>Unlisted/Miscellaneous CPT and HCPCS Codes</b>	x	x	x

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