



BlueMedicare HMOSM
BlueMedicare PPOSM

Experience Health Medicare AdvantageSM (HMO)

~ *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

BCNC HMO	BCNC PPO	Experience Health	
■	■	■	Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:
■	■	■	Abdominoplasty
■	■	■	Blepharoplasty
■	■	■	Breast Reduction
■			Dental Services (coverage under the medical benefit)
■	■	■	Durable Medical Equipment (DME) (See Prosthetics listed separately below)
■	■	■	All Rental Items
■	■	■	Items > \$1,200.00 (Purchase)
■	■	■	Durable Medical Equipment (DME) Maintenance or Repair
■	■	■	Home Health/Home Infusion Services
■	■	■	Inpatient Admissions
■	■	■	Scheduled Admissions, Including: Acute Hospital, Long Term Acute Hospital, Acute to Acute Hospital Transfers, Inpatient Rehabilitation Facility, Inpatient Hospice, Skilled Nursing Facility/Unit, and Religious Non-Medical Health Care Services.
■	■	■	NOTE: For urgent/emergent admits (including obstetric admits), prior authorization is NOT required. However, notification of urgent / emergent admits (including obstetric admits) within twenty-four (24) hours or the first business day after the admission is required.
■	■	■	Inpatient Psychiatric and Chemical Dependency Treatment
■	■	■	NOTE: For urgent / emergent admits, prior authorization is NOT required. However, notification of urgent / emergent admissions within twenty-four (24) hours or the first business day after the admission is required.
■	■	■	Investigational Procedures (or those procedures considered potentially investigational)
■			Nonparticipating Providers and Services
■	■	■	Pharmaceuticals (See Formulary)
■	■	■	Aduhelm C9399, J3490, J3590
■	■	■	Prosthetics (Such as artificial limbs and components)
■	■	■	Electroconvulsive Therapy (ECT)
■	■	■	Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)
			SURGERIES
■		■	Refractive Surgical Procedures (LASIK, PRK, etc.)
■	■	■	Sacral Neurostimulators
■	■	■	Spinal Neurostimulators

■	■	■	Deep Brain Stimulators
■	■	■	Neuromuscular Stimulators
■		■	Bone Growth Stimulators (Osteogenesis)
■	■	■	Penile Implants
■	■	■	Vagal Nerve Stimulators for Epilepsy
■	■	■	Surgical Treatment of Morbid Obesity
■	■	■	Surgical Treatment of Sleep Apnea (UPPP, Somnoplasty, Uvulectomy, etc.)
■		■	Temporomandibular Joint Surgery
■	■	■	Transplants, Bone Marrow / Stem Cell and Solid Organ
■	■	■	Varicose Vein Treatment
■	■	■	Vertebroplasty and Kyphoplasty, Percutaneous
■	■	■	Artificial Heart
■	■	■	Ventricular Assist Device
■	■	■	Transportation (non-emergency)
■	■	■	Unlisted / Miscellaneous CPT and HCPCs Codes

Effective 01/01/2023

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