

~ **Prior Authorization Guidelines** ~

Services marked by a bullet in the columns to the left require prior authorization for the designated line of business. For Specific Codes Requiring PA, please go to:

[Blue Medicare: https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/blue-medicare-providers/cpt_codes_2020.pdf](https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/blue-medicare-providers/cpt_codes_2020.pdf)

BCNCH MO BCNC PPO Experience Health

BCNCH MO	BCNC PPO	Experience Health	
■	■	■	Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:
■	■	■	Abdominoplasty
■	■	■	Blepharoplasty
■	■	■	Breast Reduction
■			Dental Services
■	■		Diagnostic Testing
■	■		Neuropsychological Testing for Mental Health and Medical conditions
■	■		Psychological Evaluations for Medical and Mental Health conditions
■	■	■	Durable Medical Equipment (See Prosthetics listed separately below)
■	■	■	All Rental Items
■	■	■	Items > \$1,200.00 (Purchase)
■	■	■	DME Maintenance or Repair
■	■	■	Home Health Services
■	■	■	Inpatient Admissions
■	■	■	Scheduled admissions, including acute hospital, acute to acute hospital transfers, rehabilitation facility, hospice and skilled nursing facility admissions.
■	■	■	NOTE: 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.
■	■	■	Inpatient Psychiatric and Chemical Dependency Treatment
■	■	■	NOTE: 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.
■	■	■	Investigational Procedures (or those potentially investigational) such as, but not limited to Codes 0042T-0593T
■	■	■	Nonparticipating Providers and Services
■	■	■	Pharmaceuticals (See formulary)
■	■	■	Prosthetics (Such as artificial limbs and components)
■	■		Electroconvulsive Therapy
■	■		Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)
■		■	Surgery
■		■	Refractive Surgical Procedures (LASIK, PRK, etc.)
■	■	■	Sacral Neurostimulators
■	■	■	Spinal Neurostimulators
■	■	■	Deep Brain Stimulators
■	■	■	Neuromuscular Stimulators
■	■	■	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 Organ
■	■	■	Varicose Vein Treatment
■	■	■	Vertebroplasty and Kyphoplasty, Percutaneous
■	■	■	Transportation (non-emergency)
■	■	■	Unlisted/Miscellaneous CPT and HCPCS Codes

Effective 1/1/2020

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