

~ 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

	BCNCHMO	BCNC PPO	Experience Health
Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:	x	x	x
Abdominoplasty	x	x	x
Blepharoplasty	x	x	x
Breast Reduction	x	x	x
Dental Services (coverage under the medical benefit)	x		
Durable Medical Equipment (DME) (See Prosthetics listed separately below)	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
Home Health/Home Infusion Services	x	x	x
Inpatient Admissions	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
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.	x	x	x
Inpatient Psychiatric and Chemical Dependency Treatment	x	x	x
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.	x	x	x
Investigational Procedures (or those potentially investigational)	x	x	x
Nonparticipating Providers and Services	x		x
Pharmaceuticals (See formulary)	x	x	x
Aduhelm, Leqembi	x	x	x
Prosthetics (Such as artificial limbs and components)	x	x	x
Electroconvulsive Therapy (ECT)	x	x	x

Facet Joint Intervention	x	x	x
Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)	x	x	x
Surgery			
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
Transportation (non-emergency)	x	x	x
Unlisted/Miscellaneous CPT and HCPCS Codes	x	x	x

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