BlueCross BlueShield of Illinois

2024 COMMERCIAL PRIOR AUTHORIZATION REQUIREMENTS SUMMARY
EFFECTIVE 01/01/2024

- This document provides an overview of services/care categories for which prior authorization may be required for some commercial, non-HMO Blue Cross and Blue Shield of Illinois (BCBSIL) members. Always check eligibility and benefits first via the Availity® Provider Portal before rendering services to determine prior authorization requirements and utilization management vendor information, if applicable.

The following services may require prior authorization based on the member's benefit plan:

Inpatient Medical/Surgical Facility Admissions Including Transfers *(Request prior authorization through BCBSIL) **

- Acute Care/Hospital
- Hospice Care
- Long Term Acute/Sub-acute Care
- Rehabilitation Facility
- Skilled Nursing Facility

**Code list not available.*

Mental Health and Substance Use Disorder Facility Admissions *(Request prior authorization through BCBSIL)**

- Inpatient
- Residential Treatment Center (RTC)

Mental Health and Substance Use Disorder Services Outpatient *(through BCBSIL)*

- Applied Behavioral Analysis (ABA)**
- Electroconvulsive Therapy**
- Intensive Outpatient Treatment*
- Partial Hospitalization*
- Psychological Testing/Neuropsychological Testing**
- Repetitive Transcranial Magnetic Stimulation**

**Codes not available.*
***Refer to the Commercial Outpatient Behavioral Health Prior Authorization Code List for codes that may require prior authorization.*

Outpatient Medical/Surgical Services [through BCBSIL or Carelon Medical Benefits Management] **

- Advanced Imaging/Radiology (Carelon)
- Cardiology (Carelon)
- Molecular Genetic Lab Testing (Carelon)
- Musculoskeletal – Joint, Spine Surgery (Carelon)
- Musculoskeletal – Pain (Carelon)
- Radiation Therapy/Radiation Oncology (Carelon)
- Sleep (ASO – Carelon)
- **Select Outpatient Services in the following categories - (see code list below for specific services that requires PA) **:**
  - Cardiology – Lipid Apheresis (BCBSIL)
  - Ear, Nose and Throat (BCBSIL)
  - Gastroenterology (BCBSIL)
  - Neurology (BCBSIL)
  - Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw) (BCBSIL)
  - Pain Management (BCBSIL)
  - Sleep Studies (Fully Insured - BCBSIL)
  - Wound Care (BCBSIL)

Other services that require Prior Authorization includes but not limited to:

- Dialysis obtained from an Out-of-Network-Provider*
- Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)*
- Home Hemodialysis*
- Home Hospice*
- Home Infusion Therapy (HIT)*
- Non-Emergent Air Ambulance**
- Out-of-Network/Out-of-Plan Services*
  - Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center.
- Transplant Evaluations and Transplants**

	*Codes not available. ***Refer to the Commercial Outpatient Medical Surgical Prior Authorization Code List for codes that may require prior authorization.*
Specialty Pharmacy Medications that are covered by Medical Benefits** • Infusion Site of Care - medical necessity review required for therapy and for place of infusion. • Medical Oncology & Supportive Care (through Carelon) – medical necessity review required for oncology drugs that are supported by an oncology diagnosis. • Provider Administered Drug Therapies - medical necessity review required for therapy only. ***Refer to the Specialty Pharmacy Drug List for prior authorization requirements.*	**Pharmacy Benefits (Prescription Drugs Under the Member's Pharmacy Benefits)** • Prime Therapeutics (Prime) is our pharmacy benefit manager for BCBSIL members with prescription drug coverage. For some medications under the member's pharmacy benefit, prior authorization through Prime is required before the drug will be covered. ***Refer to our Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization through Prime.*

Note: For some members, pre-notification, rather than prior authorization may be required for some advanced imaging services. This may involve obtaining a Radiology Quality Initiative (RQI) number through Carelon Medical Benefits Management.

When you check eligibility and benefits, you'll be advised if pre-notification is required, and utilization managements vendors that must be used, if applicable.

Exceptions and Reminders:

- This information does not apply to HMO members.
- For Federal Employee Program® (FEP®) members, check eligibility and benefits by calling 800-972-8382. For FEP members, you must call the local Blue Plan where services are being rendered for prior authorization, regardless of the state in which the member is insured.
- For out-of-area (BlueCard®) members, call the BlueCard Eligibility® Line at 800-676-2583 to check eligibility and benefits. For prior authorization information, use the online router tool to go to the member's Home Plan website.

Please note that checking eligibility and/or benefits or the fact that prior authorization or pre-notification has been obtained or an RQI number has been issued is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require prior authorization for imaging services from other vendors. If you have any questions, call the number on the member's ID card.