



Blue Cross Medicare Advantage (HMO)SM
Preauthorization Requirements Effective June 1, 2017

PREAUTHORIZATION REQUIREMENTS through eviCore – Effective 06/01/2017 requires contacting eviCore by:

Utilizing the eviCore Healthcare Web Portal is the most efficient to initiate a case, check status, review guidelines, view authorizations/eligibility and more or

Call toll-free at 855-252-1117 between 6 a.m. to 6 p.m. (Central time) Monday through Friday and 9 a.m. to noon Saturday, Sunday and legal holidays

Note: **For specific codes that apply, please access url https://www.evicore.com/healthplan/bcbs or eviCore Healthcare Web Portal or call the toll-free number listed above.

Services

- Outpatient Molecular Genetics
Outpatient Radiation Therapy
Musculoskeletal
Chiropractic
Physical and Occupational Therapy
Speech Therapy*
for codes 96105 & 96125 see note under Behavioral Health
Spine Surgery (Outpatient/Inpatient)
Spine Lumbar Fusion (Outpatient/Inpatient)
Interventional Pain
Outpatient Cardiology & Radiology
Abdomen Imaging
Cardiac Imaging
Chest Imaging
Head Imaging
Musculoskeletal
Neck Imaging
Obstetrical Ultrasound Imaging
Oncology Imaging
Pelvis Imaging
Peripheral Nerve Disorders (Pnd) Imaging
Peripheral Vascular Disease (Pvd) Imaging
Spine Imaging
Outpatient Medical Oncology
Outpatient Sleep
Outpatient Specialty Drug

PREAUTHORIZATION REQUIREMENTS: Services through Blue Cross Medicare Advantage (BCBSTX)
**(for codes not listed, please refer to list located on eviCore Healthcare Web Portal

Air Ambulance Services:

A0430, A0431, A0435, A0436

All Network Exceptions

All Organ Transplants

Blepharoplasty:

15775, 15776, 15777, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835

Botox Injections: 64650, 64653, 64615

DME, Medical Supplies, Orthotics and Prosthetics > \$2500 and including the following**

E0652, K0822, E0747, L8680, E0760, K0861, E0935

- Cochlear Implant Devices
Power Wheelchairs
Specialty Beds

Note: E0748 was removed and is included in eviCore's Musculoskeletal Spine services above

Home Health Care and Hospice:

G0154, G0162, G0163, G0164, G0299, G0300, G0161



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Inpatient Facilities – Medical (approve/pend based on IRL) Acute Care Facility/Hospital
Inpatient Rehab Facility
Long Term Acute Care(LTAC)
Medical Outpatient ** 36514, E0676
Outpatient Diagnostic Tests** GI Radiology services including 91110, 91111
Skilled Nursing Facilities (SNF)
Surgical Inpatient** 64561,22840, 33225
Surgical Outpatient ** 69930, 33282, 67904, 64561, 43644, 22840, 43774, 43775, 22851, 33225, 36476 Note: 22614 was removed and is included in eviCore’s Musculoskeletal Spine services above
Behavioral Health**
All Inpatient Stays Facilities/Hospitals
All Network Exceptions
Outpatient Mental Health Services <ul style="list-style-type: none"> ▪ ECT-90870 ▪ rTMS-90867, 90868 ▪ Psychological Testing – 96101, 96102, 96103
Neuropsychological Testing** 96116, 96118, 96119, 96120, 96105* , 96111, 96125* <i>*Managed by eviCore except for Behavioral Health diagnosis</i>
Partial Hospitalization Program
Out of Plan / Out of Network Referrals
A referral to an out-of-plan or out-of-network provider which is necessary due to network inadequacy or continuity of care must be reviewed by the BCBSTX Utilization Management prior to a BCBSTX patient receiving care. The Blue Cross Medicare Advantage (HMO) referring physician or professional provider must contact the BCBSTX Utilization Management Department at the number listed below to request an out-of-plan or out-of- network referral authorization. For requests that are approved, the BCBSTX Utilization Management Department will forward an approval letter to the out-of-plan or out-of-network physician or professional provider. Requests for out-of-plan or out-of-network referrals should be directed to: BCBSTX Utilization Management Department (For Medical and Behavioral Health Services) (call) 877-774-8592 or (fax) 855-874-4711 Hours: 6 am – 6 pm (CT), M-F and non-legal holidays and 9 am to 12 noon (CT), Saturday, Sunday and legal holidays. Messages may be left in a confidential voice mailbox after business hours. If the out-of-network/plan provider determines that additional care is needed, the provider must obtain additional approval from the BCBSTX Utilization Management Department.