



BlueMedicare HMO<sup>SM</sup>

BlueMedicare PPO<sup>SM</sup>

Experience Health Medicare Advantage <sup>SM</sup> (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

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

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

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