Blue Cross Medicare Advantage	
Prior Authorization rules - Medicare Advantage Medical / Surgical/Behavioral Health** Prior Authorization REQUIREMENTS* through eviCore ® - Effective 01/01/2024	
*Including Network Exceptions [out-of-plan or out-of-	network (due to network adequacy) for managed programs]
Authorizations and Predeterminations. Scroll to Blue	Shield of Texas (BCBSTX) <u>webpage</u> . Choose Clinical Resources, then select Prior Cross Medicare Advantage PPO SM and Blue Cross Medicare Advantage HMO SM cal / Surgical/Behavioral Health** through Blue Cross and Blue Shield of Texas call toll free 1-
877-774-8592 between 8 a.m. to 8 p.m. (CST) Monday	
	Network Participation
Out of network providers must seek prior authorization stabilization, and services provided by Indian Health Se	for all services. The exceptions are for emergency services, emergency ambulance services, rvices.
In cases of an emergency notification is required with t	Notification Requirements
In cases of an emergency, notification is required within	Tone business day of admission.
	Medical Necessity
Medical necessity must be met for all services regardles recoupment in accordance with State and Federal rules	ss if prior authorization is required. All services are subject to retrospective review and and regulations.
	Inpatient Facility Admission Summary
Prior authorization is required for all planned (elective) Elective admissions must have prior authorization befo	inpatient hospital care (surgical, non-surgical, behavioral health** and/or substance abuse). re the admission occurs.
All unplanned inpatient hospital care (surgical, non-surgestion business day of admission to the facility.	gical, behavioral health** and/or substance abuse). Notification must be made within one
All admissions to a skilled nursing facility, a long term a	cute care hospital (LTACH) or a rehabilitation facility.
All residential treatment program admissions.	
Limitat	ions Of Covered Benefits by Member Contract
	his list does not necessarily indicate coverage under the member benefits contract. Member efit booklet, or contact a customer service representative to determine coverage for a
Covered Service	Prior Authorization
Allergy care, including tests and serum	Please refer to the prior authorization grid for authorization requirements
Bariatric surgery	Yes
Blepharoplasty	Yes
Botox Injections	Yes
Covered Service	Prior Authorization
Chemotherapy and Radiation Therapy	Yes
Dental Care DME - Medical supplies, Orthotics and Prosthesis	Yes Refer to the procedure code list for benefit prior authorization requirements
Ground and fixed wing air ambulance	Ground - No
-	Air - Yes, fixed wing medical transportation
Home health care and intravenous services	Refer to the procedure code list for benefit prior authorization requirements
Hospital services (inpatient, outpatient)	Please refer to the prior authorization grid for authorization requirements. Inpatient stays with services that are managed by eviCore will be reviewed through eviCore.

Injections	Refer to the procedure code list for benefit prior authorization requirements
Implantable Devices	Yes
Laboratory, X-ray, EKGs, medical imaging services, and other diagnostic tests	Refer to the procedure code list for benefit prior authorization requirements
Long Term Acute Care (LTAC)	Yes
Minor surgeries	Refer to the procedure code list for benefit prior authorization requirements
Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy)	Refer to the procedure code list for benefit prior authorization requirements
Nutritional counseling services	Refer to the procedure code list for benefit prior authorization requirements
Nutritional products and special medical foods	Yes
Office visits to PCPs or specialists, including dieticians, nurse practitioners, and physician assistants	Νο
Podiatry (foot and ankle) services	Refer to the procedure code list for benefit prior authorization requirements
PET, MRA, MRI, and CT scans	Refer to the procedure code list for benefit prior authorization requirements
Routine physicals	No
Second opinions (in network)	No
Skilled Nursing Facilities	Yes
Special rehabilitation services, such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation	Yes, Refer to the procedure code list for benefit prior authorization requirements
Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist, organ transplants	Refer to the procedure code list for benefit prior authorization requirements; all transplants and pre-transplant evaluation require prior authorization
Intersex Reassignment Surgery 55970, 55980	Yes
Summary of Services and Behavioral Health UM requirements	
Covered Service	Prior Authorization
All Inpatient Stays Facilities/Hospitals	Yes
Partial Hospitalization	Yes
Psychological/Neuropsychological Testing	Yes, upon notification by BCBSTX
Electroconvulsive Therapy	No
Transcranial Magnetic Stimulation	Yes
Outpatient Services	Refer to the procedure code list for benefit prior authorization requirements

Please view the comprehensive prior authorization grid for a list of procedure codes that require review.

The document allows for bookmarking and searching for the code. Press "CTRL" and "F" keys at the same time to bring up the search box.