

~ **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**

BCNC HMO	BCNC PPO	Experience Health	
■	■	■	<b>Cosmetic Procedures (or those potentially considered cosmetic), such as but not limited to:</b>
■	■	■	Abdominoplasty
■	■	■	Blepharoplasty
■	■	■	Breast Reduction
■	■	■	<b>Dental Services (coverage under the medical benefit)</b>
■	■	■	<b>Durable Medical Equipment (DME) (See Prosthetics listed separately below)</b>
■	■	■	All Rental Items
■	■	■	Items > \$1,200.00 (Purchase)
■	■	■	Durable Medical Equipment (DME) Maintenance or Repair
■	■	■	<b>Home Health/Home Infusion Services</b>
■	■	■	<b>Inpatient Admissions</b>
			Scheduled admissions, including acute hospital, long term acute care hospitals, acute to acute hospital transfers, inpatient rehabilitation facility, inpatient hospice, skilled nursing facility, and religious non-medical healthcare services.
			<b>NOTE:</b> For urgent/emergent admits (including obstetric admits), prior authorization is NOT required. However, notification of urgent/emergent admits (including obstetric admits) within 24 hours or the first business day after the admission is required.
■	■	■	<b>Inpatient Psychiatric and Chemical Dependency Treatment</b>
			<b>NOTE:</b> For urgent/emergent admits, prior authorization is NOT required. However, notification of urgent/emergent admits within 24 hours or the first business day after the admission is required.
■	■	■	<b>Investigational Procedures (or those potentially investigational)</b>
■	■	■	<b>Nonparticipating Providers and Services</b>
■	■	■	<b>Pharmaceuticals (See formulary)</b>
■	■	■	Aduhelm C9399, J3490, J3590
■	■	■	<b>Prosthetics (Such as artificial limbs and components)</b>
■	■	■	<b>Electroconvulsive Therapy (ECT)</b>
■	■	■	<b>Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)</b>
			<b>Surgery</b>
■	■	■	Refractive Surgical Procedures (LASIK, PRK, etc.)
■	■	■	Sacral Neurostimulators
■	■	■	Spinal Neurostimulators
■	■	■	Deep Brain Stimulators
■	■	■	Neuromuscular Stimulators
■	■	■	Penile Implants
■	■	■	Vagal Nerve Stimulators for Epilepsy
■	■	■	Surgical Treatment of Morbid Obesity
■	■	■	Surgical Treatment of Sleep Apnea (UPPP, somnoplasty, uvullectomy, etc.)
■	■	■	Temporomandibular Joint Surgery (TMJ)
■	■	■	Transplants, Bone Marrow/Stem Cell and Solid Organ
■	■	■	Varicose Vein Treatment
■	■	■	Vertebroplasty and Kyphoplasty, Percutaneous
■	■	■	Artificial Heart
■	■	■	Ventricular Assist Device
■	■	■	<b>Transportation (non-emergent)</b>
■	■	■	<b>Unlisted/Miscellaneous CPT and HCPCS Codes</b>

Effective 1/1/2022

An independent licensee of the Blue Cross and Blue Shield Association. ©, SM Marks of the Blue Cross and Blue Shield Association.