BlueCross BlueShield of Montana

2027 COMMERCIAL PRIOR AUTHORIZATION REQUIREMENTS SUMMARY
EFFECTIVE 01/01/2027

- Prior authorizations, or prior approvals, are a required pre-service medical necessity review. A prior authorization is the process where we review the requested service or drug to see if it is medically necessary and covered under the member's health plan. Not all services and drugs require prior authorization.
- **NOTE:** Not all requirements apply to self-funded/ASO health plans, and they may have additional prior authorization requirements. It is imperative that providers check eligibility and benefits and verify prior authorization requirements through Availity® Essentials.
- Prior authorization may be required for certain services when rendered out-of-network or out-of-state, depending on the member's benefits. Please check eligibility and benefits before rendering services out-of-network or out-of-state.

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

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

**Codes not available.*
Note: For Maternity Care, prior authorization should be obtained for stays that exceed 48 hours following a vaginal delivery or 96 hours following a cesarean delivery.

Notification is not required for unplanned or emergency inpatient hospital care (surgical, non-surgical), including emergency admissions. However, notification of admission to the facility is encouraged.

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

- Residential Treatment Center
- Inpatient Facility Admission
  - Notification is not required for unplanned or emergency inpatient hospital care (mental health and/or substance use disorder), including emergency admissions. However, notification of admission to the facility is encouraged.
- **Mental Health and Substance Use Disorder Services Outpatient** *(through BCBSMT)*
- Applied Behavioral Analysis**
- Intensive Outpatient Treatment*
- Partial Hospitalization*

Outpatient Medical/Surgical Services (through Carelon Medical Benefits Management) **

- Advanced Imaging / Radiology (Carelon)
- Molecular Genetic Lab Testing (Carelon)
- Musculoskeletal – Spine Surgery (Carelon)***
- Radiation Therapy / Radiation Oncology (Carelon)

Select Outpatient Services in the following categories until 2027 renewal- (see code list below for specific services that require PA) **:

- Orthopedic Musculoskeletal ****
- Pain Management
- Sleep Studies
- Non-Emergent Fixed-Wing Air Ambulance** (for ASO Accounts)

**Outpatient Utilization Management after 2027 renewal **

Other services that require prior authorization include, but are not limited to:

- Home Health Services (for ASO only)
- Private Duty Nursing
- Home Hemodialysis* (for ASO only)
- Home Hospice* (for ASO only)
- Home Infusion Therapy (HIT)*
- Medical Transportation (through Alacura Medical Transportation Management) **
- Transplant Evaluations and Transplants**

*Codes not available.
**Note: Click here to view or download a list of Outpatient procedure codes that require Prior Authorization.
***Effective for Fully Insured 4/22/24 and ASO (upon renewal) on or after 4/22/24.
****ASO only effective 4/22/24 for accounts not transitioned to Carelon.

• Repetitive Transcranial Magnetic Stimulation** **Codes not available.* **Note: Click here to view or download a list of Mental Health procedure codes that requires Prior Authorization.	
Specialty Pharmacy Medications that are covered by Medical Benefits** • Infusion Site of Care *(BCBS)* - medical necessity review required for therapy and for place of infusion. • Provider Administered Drug Therapies *(BCBS)* - medical necessity review required for therapy only. • Medical Oncology & Supportive Care *(Carelon)* – medical necessity review required for oncology drugs that are supported by an oncology diagnosis. **Note: Click here to view or download a list of Specialty Drugs procedure codes that requires Prior Authorization.	**Pharmacy Benefits (Prime): ***** Prior authorization is required for some medications before the drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug. ***Note: Click here to view Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization under Pharmacy Benefits.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be decided once a claim is received. They will be based on, among other things, the member's eligibility, and the terms of the member's certificate of coverage effective on the date of service.

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