BlueCross BlueShield of Montana

# PREAUTHORIZATION REQUIREMENTS LIST
## Effective 01/01/2022

- Preauthorizations, also called prior authorizations or prior approvals, are a required pre-service medical necessity review. A preauthorization 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 preauthorization.
- NOTE: Not all requirements apply to self-funded/ASO health plans and they may have additional preauthorization requirements. It is imperative that providers check eligibility and benefits and verify preauthorization requirements through **Availity**®.

## COMPREHENSIVE 2022 PREAUTHORIZATION REQUIREMENTS

**†Behavioral Health and Chemical Dependency Facility Admissions:***
- Inpatient
- Partial Hospitalization
- Residential Treatment Center (RTC)

**Behavioral Health and Chemical Dependency Services Outpatient:**
- Applied Behavioral Analysis (ABA)**
- Electroconvulsive Therapy**
- Intensive Outpatient Treatment*
- Psychological Testing/Neuropsychological Testing**
- Repetitive Transcranial Magnetic Stimulation**

**Note: Click here to view or download a list of Behavioral Health procedure codes that requires Preauthorization.

**Pharmacy Benefits (Prime):****

Prior Authorization is required on some medications before drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug.

**Note: Click here to view Drug Lists and determine if the drug requires Prior Authorization under Pharmacy Benefits.

**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.*
- Medical Oncology & Supportive Care (*AIM*) – *medical necessity review required for oncology drugs that are supported by an oncology diagnosis*
- Provider Administered Drug Therapies *(BCBS) - medical necessity review required for therapy only*

*Codes not available.
**Note: Click here to view or download a list of Specialty Drugs procedure codes that requires Preauthorization.

**†Inpatient Medical/Surgical Facility Admissions Including Transfers*:**
- Acute Care / Hospital
- Hospice Care
- Long Term Acute Care / Sub-acute
- Rehabilitation Facility
- Skilled Nursing Facility

Note: For Maternity Care, Preauthorization should be obtained for stays that exceeds more than 48 hours for a vaginal delivery and 96 hours for a caesarean-section delivery.

**Outpatient Medical/Surgical Services** *(through AIM or BCBSMT as indicated below)***
- Advanced Imaging / Radiology (AIM)
- Molecular Genetic Lab Testing (AIM)
- Radiation Therapy / Radiation Oncology (AIM)
- **Select Outpatient Services including but not limited to: (BCBSMT)**
  - Orthopedic Musculoskeletal
  - Pain Management
  - Sleep Studies

**Other services that require Prior Authorization includes but not limited to:**
- Dialysis obtained from an Out-of-Network-Provider*
- Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)*
- Home Hemodialysis**
- Home Hospice**
- Home Infusion Therapy (HIT)**
- Non-Emergent Air Ambulance**
- Out-of-Network/Out-of-Plan Services*
  - Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center
- Transplant Evaluations and Transplants**

*Codes not available.
**Note: Click here to view or download a list of Outpatient procedure codes that requires Preauthorization.

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.