



BlueCross BlueShield of Oklahoma

Blue Cross Medicare Advantage Prior Authorization List Effective 06/01/2017

PREAUTHORIZATION REQUIREMENTS* through eviCore - Effective 06/01/2017

<ol style="list-style-type: none"> 1. Cardiology 2. Radiology 3. Medical Oncology 4. Molecular Genetics 	<ol style="list-style-type: none"> 5. Musculoskeletal (PT/OT/ST;Spine/Joint/Pain/Chiro) 6. Radiation Therapy 7. Sleep 8. Specialty Drug 	<p>Utilizing the eviCore Healthcare Web Portal is the most efficient way to initiate a case, check status, review guidelines, view authorizations / eligibility and more url: https://www.evicore.com/healthplan/bcbs OR Call toll-free at 855-252-1117 between 7 a.m. to 7 p.m. (Local Time) Monday through Friday except holidays</p> <p>Note: For specific codes that apply, please access url: https://www.evicore.com/healthplan/bcbs</p> <p>*including Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy) for managed programs</p>
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PREAUTHORIZATION REQUIREMENTS: Blue Cross Medicare Advantage (BCBSOK)

Air Ambulance Services: A0430, A0431, A0435, A0436

All Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy)

All Organ Transplants

Blepharoplasty:

15775, 15776, 15777, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835

Botox Injections: 64650, 64653, 64615

DME, Medical Supplies, Orthotics and Prosthetics > \$2500 and including the following:

- E0652, K0822, E0747, L8680, E0760, K0861, E0935
- Cochlear Implant Devices
 - Power Wheelchairs
 - Specialty Beds

Home Health Care and Hospice: G0154, G0162, G0163, G0164, G0299, G0300, G0161, G0151, G0152

Inpatient Facilities – Medical (approve/pend based on IRL)

Acute Care Facility/Hospital

Inpatient Rehab Facility

Long Term Acute Care(LTAC)

Medical Outpatient: 36514, E0676

Outpatient Diagnostic Tests: GI Radiology services including 91110, 91111

Skilled Nursing Facilities (SNF)
Surgical Inpatient: 64561,22840, 33225
Surgical Outpatient: 69930, 33282, 67904, 64561, 43644, 22840, 43774, 43775, 22851, 33225, 36476
Behavioral Health
All Inpatient Stays Facilities/Hospitals
All Network Exceptions
Outpatient Mental Health Services <ul style="list-style-type: none"> • ECT-90870 • rTMS-90867, 90868 • Psychological Testing – 96101, 96102, 96103 Neuropsychological Testing 96116, 96118, 96119, 96120, 96105, 96111, 96125
Partial Hospitalization Program
<i>Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans, Inc. (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renew.</i>
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