

**Blue Cross Medicare Advantage (PPO)SM
Preauthorization Requirements Effective June 1, 2017**

**PREAUTHORIZATION REQUIREMENTS through eviCore – Effective 06/01/2017 requires
contacting eviCore by:**

Utilizing the [eviCore Healthcare Web Portal](#) is the most efficient way you are able to initiate a case, check status, review guidelines, view authorizations/eligibility and more or

Call toll-free at 855-252-1117 between 6 a.m. to 6 p.m. (Central time) Monday through Friday
and 9 a.m. to noon Saturday, Sunday and legal holidays

*Note: **For specific codes that apply, please access url <https://www.evicore.com/healthplan/bcbs>
[eviCore Healthcare Web Portal](#) or call the toll free number listed above.*

Services

- Outpatient Molecular Genetics
- Outpatient Radiation Therapy
- Musculoskeletal
 - Chiropractic
 - Physical and Occupational Therapy
 - Speech Therapy*
*for codes 96105 & 96125 see note under Behavioral Health
 - Spine Surgery (Outpatient/Inpatient)
 - Spine Lumbar Fusion (Outpatient/Inpatient)
 - Interventional Pain
- Outpatient Cardiology & Radiology
 - Abdomen Imaging
 - Cardiac Imaging
 - Chest Imaging
 - Head Imaging
 - Musculoskeletal
 - Neck Imaging
 - Obstetrical Ultrasound Imaging
 - Oncology Imaging
 - Pelvis Imaging
 - Peripheral Nerve Disorders (Pnd) Imaging
 - Peripheral Vascular Disease (Pvd) Imaging
 - Spine Imaging
- Outpatient Medical Oncology
- Outpatient Sleep
- Outpatient Specialty Drug

**PREAUTHORIZATION REQUIREMENTS: Services through Blue Cross Medicare Advantage (BCBSTX)
(for codes not listed, please refer to list located on [eviCore Healthcare Web Portal](#))

Air Ambulance Services:

A0430, A0431, A0435, A0436

All Network Exceptions

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, E0748 L8680, E0760, K0861, E0935

- Cochlear Implant Devices
- Power Wheelchairs
- Specialty Beds

Note: E0748 was removed and is included in **eviCore's Musculoskeletal Spine** services above

Home Health Care and Hospice:

G0154, G0162, G0163, G0164, G0299, G0300, G0161

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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 Note: 22614 was removed and is included in eviCore’s Musculoskeletal Spine services above
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* <i>*Managed by eviCore except for Behavioral Health diagnosis</i>
Partial Hospitalization Program
Out of Plan / Out of Network Referrals
A referral to an out-of-plan or out-of-network provider which is necessary due to network inadequacy or continuity of care must be reviewed by the BCBSTX Utilization Management prior to a BCBSTX patient receiving care. The Blue Cross Medicare Advantage (PPO) referring physician or professional provider must contact the BCBSTX Utilization Management Department at the number listed below to request an out-of-plan or out-of- network referral authorization. For requests that are approved, the BCBSTX Utilization Management Department will forward an approval letter to the out-of-plan or out-of-network physician or professional provider. Requests for out-of-plan or out-of-network referrals should be directed to: BCBSTX Utilization Management Department (For Medical and Behavioral Health Services) (call) 877-774-8592 or (fax) 855-874-4711 Hours: 6 am – 6 pm (CT), M-F and non-legal holidays and 9 am to 12 noon (CT), Saturday, Sunday and legal holidays. Messages may be left in a confidential voice mailbox after business hours. If the out-of-network/plan provider determines that additional care is needed, the provider must obtain additional approval from the BCBSTX Utilization Management Department.