



PREAUTHORIZATION REQUIREMENTS LIST
Effective 01/01/2021

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 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 2021 PREAUTHORIZATION CATEGORIES

**Inpatient Medical/Surgical Facility Admissions
Including Transfers:**

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

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.

**Mental Health and Chemical Dependency Facility
Admissions:**

- Inpatient Hospitalization
- Partial Hospitalization
- Residential Treatment Center (RTC)

**Mental Health and Chemical Dependency Services
Outpatient:**

- Applied Behavioral Analysis (ABA)
- Electroconvulsive Therapy
- Intensive Outpatient Treatment
- Neuropsychological Testing
- Psychological Testing
- Repetitive Transcranial Magnetic Stimulation

[Note: Click here to view or download a list of 2021 Mental Health procedure codes that requires Preauthorization.](#)

Specialty Pharmacy:

- Infusion Site of Care
- Provider Administered Drug Therapies

[Note: Click here to view or download a list of 2021 Specialty Drugs procedure codes that requires Preauthorization.](#)

Outpatient Medical/Surgical Services

Advanced Imaging- Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)

Air Ambulance (fixed wing & rotary) for non-emergent medical transportation

Dialysis Treatment (Out-of-network services only)

Hospice (outpatient and/or home)

Home Health Services including but not limited to home Private Duty Nursing (PDN)

Home Infusion Therapy (HIT)

Home Hemodialysis

Molecular and Genomic Testing

Orthopedic Procedures:

- Artificial Intervertebral Disc
- Functional Neuromuscular Electrical Stimulation (FNMES)
- Lumbar Spinal Fusion

Outpatient elective surgery performed at a Hospital or Ambulatory Surgical Facility (Out-of-Network services only)

Pain Management Procedures:

- Spinal Cord Stimulation
- Percutaneous and Implanted Nerve Stimulation and Neuromodulation

Radiation Therapy

Sleep Studies

- Adult and pediatric facility-based polysomnography
- Adult and pediatric facility-based PAP titration

Transplant Evaluations and Transplants

[Note: Click here to view or download a list of 2021 Commercial 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.

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