



**Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and  
Blue Cross Medicare Advantage HMO Non-Delegated Model<sup>SM</sup>  
Prior Authorization Summary, Effective Jan. 1, 2022**

<b>PRIOR AUTHORIZATION REQUIREMENTS* THROUGH EVICORE HEALTHCARE (EVICORE)</b>	
<ul style="list-style-type: none"> <li>• <b>Outpatient Molecular Genetics</b></li> <li>• <b>Outpatient Radiation Therapy</b></li> <li>• <b>Musculoskeletal Services</b> <ul style="list-style-type: none"> <li>- <b>Spine, Joint, Pain</b></li> </ul> </li> <li>• <b>Radiology Imaging Services</b></li> <li>• <b>Outpatient Medical Oncology</b></li> <li>• <b>Outpatient Sleep</b></li> <li>• <b>Post-Acute Care</b></li> <li>• <b>Outpatient Specialty Drug</b></li> </ul> <p><i>*Including Network Exceptions [out-of-plan or out-of-network (due to network adequacy) for managed programs]</i></p>	<p>The eviCore Healthcare Web Portal at <a href="https://www.evicore.com/healthplan/bcbsil">https://www.evicore.com/healthplan/bcbsil</a> is available 24x7. After a one-time registration, you may initiate a case, check status, review guidelines, view authorizations/eligibility and more. The Web Portal is the quickest, most efficient way to obtain information.</p> <p>You may also call eviCore toll-free at 855-252-1117 between 8 a.m. to 8 p.m. (Local Time) Monday through Friday, except holidays.</p> <p><b>For specific codes that apply, refer to <a href="#">eviCore's Web Portal</a>.</b></p>

<b>PRIOR AUTHORIZATION REQUIREMENTS THROUGH BLUE CROSS AND BLUE SHIELD OF ILLINOIS (BCBSIL)</b>	
<b>Reminder:</b> Eligibility and benefits as well as prior authorization verification and submissions can be initiated online through the <a href="#">Availity Provider Portal</a> ®.	
<b>Covered Service</b>	<b>Prior authorization required?</b>
<b>Advanced Imaging</b> (PET, MRA, MRI, and CT scans)	Refer to the procedure code list for prior authorization requirements.
<b>Allergy Care</b> (including tests and serum)	Refer to the procedure code list for prior authorization requirements.
<b>Ambulance</b> (Ground and Air)	Ground – No Air – Yes, fixed wing medical transportation
<b>Bariatric Surgery</b>	Yes
<b>Blepharoplasty</b>	Yes
<b>Botox Injections</b>	Yes
<b>Chemotherapy and Radiation Therapy</b>	Yes
<b>Home Health Care and Intravenous Services</b>	Refer to the procedure code list for prior authorization requirements.
<b>Hospital Services</b> (Inpatient, Outpatient)	Refer to the procedure code list for prior authorization requirements.
<b>Injections</b>	Refer to the procedure code list for prior authorization requirements.
<b>Implantable Devices</b>	Yes
<b>Intersex Reassignment Surgery</b> (55970, 55980)	Yes
<b>Laboratory, X-ray, EKGs, Medical Imaging Services and Other Diagnostic Tests</b>	Refer to the procedure code list for prior authorization requirements.
<b>Minor Surgeries</b>	Refer to the procedure code list for prior authorization requirements.
<b>Network Exceptions</b> [including out-of-plan or out-of-network (due to network inadequacy) for managed programs]	Refer to the procedure code list for prior authorization requirements.
<b>Nutritional Counseling Services</b>	Refer to the procedure code list for prior authorization requirements.
<b>Nutritional Products and Special Medical Foods</b>	Yes

*(Continued on next page)*

<b>PRIOR AUTHORIZATION PRIOR AUTHORIZATION REQUIREMENTS THROUGH BCBSIL (continued)</b>	
<b>Covered Service</b>	<b>Prior authorization required?</b>
<b>Office Visits to Primary Care Physicians (PCPs) or Specialists</b> (including dietitians, nurse practitioners and physician assistants)	No
<b>Personal Care Services and Private Duty Nursing</b> (home- or school-based) for children under age 21, who qualify under the EPSDT program	Yes
<b>Podiatry (Foot and Ankle) Services</b>	Yes
<b>Routine Physicals</b>	No
<b>Second Opinions</b> (in-network)	No
<b>Skilled Nursing Facility Services</b>	Yes
<b>Special Rehabilitation Services</b> (such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation)	Refer to the procedure code list for prior authorization requirements.
<b>Surgery</b> (including pre-and post-operative care, assistant surgeon, anesthesiologist, organ transplants)	Refer to the procedure code list for prior authorization requirements. (Note: All transplants and pre-transplant evaluations require prior authorization.)
<b>Behavioral Health</b>	
<b>All Inpatient Stays</b> (Facilities/Hospitals)	Yes
<b>All Network Exceptions</b>	Yes
<b>Partial Hospitalization</b>	Yes
<b>Psychological/Neuropsychological Testing</b>	Refer to the procedure code list for prior authorization requirements.
<b>Electroconvulsive Therapy</b>	Refer to the procedure code list for prior authorization requirements.
<b>Transcranial Magnetic Stimulation</b>	Yes
<b>Outpatient Services</b>	Refer to the procedure code list for prior authorization requirements.

**Note: Post-acute inpatient stays, Skilled Nursing Facility (SNF), rehabilitation and Long-term Acute Care (LTAC) services are reviewed by eviCore. Prior authorization for these services must be obtained through, and will be confirmed by, BCBSIL.**

*Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the appropriate number on the member's ID card.*

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