



2019 - 2020 Commercial Prior Authorization Requirements Summary

This document provides an overview of services/care categories for which prior authorization may be required, as of Jan. 1, 2019. Also see page 2 for pre-service review guidelines, important reminders, exceptions and related resources.

For these benefit plans/products:	These services may require prior authorization, depending on account selection:	Obtain prior authorization through:
<p>Commercial – Fully-insured Accounts</p> <ul style="list-style-type: none"> • PPO • Blue Choice PPOSM • Blue Choice Preferred PPOSM • Blue OptionsSM/Blue Choice OptionsSM 	<ul style="list-style-type: none"> • Advanced Imaging* • Molecular and Genomic Tests • Musculoskeletal <ul style="list-style-type: none"> - Joint and Spine Surgery - Pain Management • Radiation Therapy 	<p>eviCore Healthcare (eviCore)</p>
<p>Commercial – Fully-insured and Self-insured Accounts with Wellbeing Management</p> <ul style="list-style-type: none"> • PPO • Blue Choice Options PPO • Blue Choice Select PPOSM • Comprehensive Major Medical (CMM) 	<ul style="list-style-type: none"> • Advanced Imaging* • Cardiology • Molecular and Genomic Testing • Musculoskeletal <ul style="list-style-type: none"> - Joint and Spine Surgery - Pain Management • Radiation therapy • Sleep Studies and Sleep DME (<i>Self-insured Accounts</i>) 	<p>eviCore</p>
<p>Commercial – Self-insured Accounts with Health Advocacy Solutions</p> <ul style="list-style-type: none"> • PPO • Blue Choice Options PPO • Blue Choice Select PPO 	<ul style="list-style-type: none"> • Advanced Imaging* • Advanced Imaging Outbound Call • Cardiology • Molecular and Genomic Tests • Musculoskeletal <ul style="list-style-type: none"> - Joint and Spine Surgery - Pain Management • Radiation Therapy • Sleep Studies and Sleep DME 	<p>eviCore</p>
	<ul style="list-style-type: none"> • Dialysis • Ear, Nose and Throat • Gastroenterology • Maternity • Neurology • Non-emergent Air Ambulance (Fixed-wing) • Outpatient Surgery <ul style="list-style-type: none"> - Orthognathic Surgery (Face Reconstruction) - Mastopexy (Breast Lift) - Reduction Mammoplasty (Breast Reduction) • Specialty Drug • Wound Care 	<p>BCBSIL</p>

***Important Note:** Obtaining a Radiology Quality Initiative (RQI) number through [AIM Specialty Health® \(AIM\)](#) is still required prior to ordering high-tech imaging services for some PPO members. However, prior authorization/pre-notification through eviCore for Advanced Imaging services may be required in some cases, depending on account selection.

Pre-Service Review Guidelines	
<p>Always Check Eligibility and Benefits First It's imperative to check eligibility and benefits before services are rendered to determine if prior authorization or notification may be required.</p>	<ul style="list-style-type: none"> • Online – Check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor. Refer to the Education and Reference Center on our Provider website for links to an Availity Eligibility and Benefits User Guide. • By Phone – If you don't have online access, check eligibility and benefits by calling BCBSIL's Interactive Voice Response (IVR) automated phone system at 800-972-8088.
<p>Obtain Prior Authorization (if required) Prior authorization requirements are specific to the patient's policy type and procedure(s) being rendered. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment, and the rendering provider may not seek reimbursement from the member. <i>Obtaining prior authorization is not a substitute for checking eligibility and benefits</i></p>	<p>If prior authorization through eviCore is required, there are two ways to submit your request:</p> <ul style="list-style-type: none"> • Online – The eviCore Healthcare Web Portal is available 24x7. After one-time registration, you may use eviCore's website to initiate cases, review guidelines, check status, and more. • By Phone – Call eviCore at 855-252-1117, 7 a.m. and 7 p.m. (CT), Monday through Friday. <p>If prior authorization through BCBSIL is required, there are two ways to submit your request:</p> <ul style="list-style-type: none"> • Online – Use the Availity Authorizations tool (HIPAA-standard 278 transaction). This tool allows the electronic submission of inpatient admissions and select outpatient services handled by BCBSIL. For additional details, refer to the Availity Authorizations User Guide. • By phone – Call the number on the member's ID card, or use BCBSIL's IVR at 800-972-8088 (see our Eligibility and Benefits IVR Caller Guide for instructions).
<p>Request Predetermination (if necessary) If prior authorization is not required, check the Medical Policy section of our Provider website to assess if predetermination may be needed. Also check the eviCore website for any applicable medical policy information. <i>Predetermination is not a substitute for eligibility and benefits verification or prior authorization (if required).</i></p>	<ul style="list-style-type: none"> • Online – Use the Availity Attachments tool to quickly submit predetermination requests to BCBSIL via the Availity Provider Portal. For details, refer to the Electronic Predetermination of Benefits User Guide. • By Fax – Complete the Predetermination Request Form and fax it to BCBSIL, along with necessary supporting documentation. <p>Note: Requests for review of previously denied predetermination requests may be submitted online using the Availity Attachments tool, or by fax using the form as referenced above.</p>
Important Reminders, Exceptions and Related Resources	
<p>Inpatient Facility Admission Prior Authorization Requirements Summary</p>	<p>Prior authorization through BCBSIL is required for Inpatient Hospital Admission and Rehabilitation, Residential Treatment Center, Partial Hospitalization, Skilled Nursing Facility admission, Long-term Acute Care, Coordinated Home Health Care, and In-patient Hospice (some employer groups). Refer to the Provider Manual in the Standards and Requirements section of our Provider website for details.</p>
<p>Pre-notification for High-tech Imaging Services (AIM RQI Program)</p>	<p>For some PPO members, an RQI number must be obtained through AIM prior to ordering outpatient non-emergency CT/CTA scans, MRI/MRA scans, Nuclear Cardiology studies and PET scans. (Note: <i>Some groups may require use of other vendors for prior authorization or pre-notification of Advanced Imaging services. Call the number on the member's ID card if you have questions.</i>)</p>
<p>Government Programs Prior Authorization Information</p>	<p>For Blue Cross Medicare Advantage (PPO)SM (MA PPO), refer to the 2020 MA PPO Prior Authorization Requirements Summary List. For Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM (BCCHPSM), refer to the 2020 Medicaid Prior Authorization Requirements Summary List.</p>
<p>Pharmacy Prior Authorization (PA) Program</p>	<p>Prime Therapeutics, our pharmacy benefit manager, conducts all reviews of pharmacy PA requests from physicians for BCBSIL members with prescription drug coverage. To learn more about how to submit an electronic pharmacy PA request, refer to the Pharmacy Programs section.</p>
<p>Behavioral Health Program</p>	<p>BCBSIL manages behavioral health services for all non-HMO members who have behavioral health benefits through group, government and retail products. For prior authorization requirements and related processes refer to the Behavioral Health Program section.</p>
<p>Federal Employee Program® (FEP®)</p>	<p>For FEP members, eligibility and benefits can be obtained by calling 800-972-8382. For FEP members, you must call the local Blue Plan where services are being rendered for prior authorization, regardless of the state in which the member is insured.</p>
<p>Prior Authorization for Out-of-Area (BlueCard®) Members</p>	<p>For out-of-area Blue Plan member eligibility and benefits, call the BlueCard Eligibility® Line at 800-676-BLUE (2583). Use the Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members tool in the Standards and Requirements section to go to the member's Home Plan website. For details on the Electronic Provider Access (EPA) tool for Availity users, refer to the Blue Card Program Provider Manual.</p>

This information does not apply to HMO members.

Please note that checking eligibility and/or benefits or the fact that prior authorization or pre-notification has been obtained or an RQI number has been issued 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require prior authorization for imaging services from other vendors. If you have any questions, call the number on the member's ID card.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly

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