BlueCross BlueShield of Illinois

2027 COMMERCIAL PRIOR AUTHORIZATION REQUIREMENTS SUMMARY
EFFECTIVE 01/01/2027

- This document provides an overview of services/care categories for which prior authorization may be required for some commercial, non-HMO Blue Cross and Blue Shield of Illinois members. Always check eligibility and benefits first via Availity® Essentials before rendering services to determine prior authorization requirements and utilization management vendor information, if applicable
- Prior authorization may be required for certain services when rendered out-of-network or out-of-state, depending on the member's benefits. Please check eligibility and benefits before rendering services out-of-network or out-of-state.

The following services may require prior authorization based on the member's benefit plan:

Inpatient Medical/Surgical Facility Admissions Including Transfers *(Request prior authorization through BCBSIL) **

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

**Code list not available.*

- Notification is not required for unplanned or emergency inpatient hospital care (surgical, non-surgical), including emergency admissions. However, notification of admission to the facility is encouraged.

Mental Health and Substance Use Disorder Facility Admissions *(Request prior authorization through BCBSIL)**

- Residential Treatment Center
- Inpatient Facility Admission
  - Notification is not required for unplanned or emergency inpatient hospital care (mental health and/or substance use disorder), including emergency admissions. However, notification of admission to the facility is encouraged.

Mental Health and Substance Use Disorder Services Outpatient *(through BCBSIL)*

- Applied Behavioral Analysis**
- Intensive Outpatient Treatment*
- Partial Hospitalization*
- Repetitive Transcranial Magnetic Stimulation**

**Codes not available.*

Outpatient Medical/Surgical Services [through BCBSIL or Carelon Medical Benefits Management] **

- Advanced Imaging/Radiology (Carelon)
- Cardiology (Carelon) (for ASO only)
- Molecular Genetic Lab Testing (Carelon)
- Musculoskeletal – Joint, Spine Surgery (Carelon)
- Musculoskeletal – Pain (Carelon)
- Radiation Therapy/Radiation Oncology (Carelon)
- Sleep (Carelon) (for ASO only)

Select Outpatient Services in the following categories until 2027 renewal- (see code list below for specific services that require PA) **:

- Ear, Nose and Throat (BCBSIL)
- Gastroenterology (BCBSIL)
- Neurology (BCBSIL)
- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw) (BCBSIL)
- Sleep Studies (Fully Insured - BCBSIL)
- Wound Care (BCBSIL)
- Non-Emergent Fixed-Wing Air Ambulance** (for ASO Accounts)

Outpatient Utilization Management after 2027 renewal **

Other services that require prior authorization include, but are not limited to:

- Home Health Services (for ASO only)
- Private Duty Nursing
- Home Hemodialysis* (for ASO only)
- Home Hospice* (for ASO only)
- Home Infusion Therapy (HIT)*
- Medical Transportation *(through Alacura Medical Transportation Management)* **
- Transplant Evaluations and Transplants**

*Codes not available.

***Refer to the Commercial Outpatient Medical Surgical Prior Authorization Code List for codes that may require prior authorization.*

***Refer to the Commercial Outpatient Behavioral Health Prior Authorization Code List for codes that may require prior authorization.*	
Specialty Pharmacy Medications that are covered by Medical Benefits** • Infusion Site of Care - medical necessity review required for therapy and for place of infusion. • Medical Oncology & Supportive Care (through Carelon) – medical necessity review required for oncology drugs that are supported by an oncology diagnosis. • Provider Administered Drug Therapies - medical necessity review required for therapy only. *Refer to the Specialty Pharmacy Drug List for prior authorization requirements.*	**Pharmacy Benefits (Prescription Drugs Under the Member's Pharmacy Benefits)** • Prime Therapeutics (Prime) is our pharmacy benefit manager for BCBSIL members with prescription drug coverage. For some medications under the member's pharmacy benefit, prior authorization through Prime is required before the drug will be covered. *Refer to our Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization through Prime.*

Note: For some members, pre-notification, rather than prior authorization may be required for some advanced imaging services. This may involve obtaining a Radiology Quality Initiative number through Carelon Medical Benefits Management.

When you check eligibility and benefits, you'll be advised if pre-notification is required, and utilization management vendors that must be used, if applicable.

Exceptions and Reminders:

- This information does not apply to HMO members.
- For Federal Employee Program® (FEP®) members, check eligibility and benefits 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.
- For out-of-area (BlueCard®) members, call the BlueCard Eligibility® Line at 800-676-2583 to check eligibility and benefits. For prior authorization information, use the online router tool to go to the member's Home Plan website.

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.

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. BCBSIL makes no endorsement, representations, or warranties regarding third party vendors and the products and services they offer.

Alacura Medical Transportation Management, LLC. is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide utilization management services for members with coverage through BCBSIL.