BlueCross BlueShield of Illinois

New Prior Authorization Requirements for Some Custom Account Members Will Take Effect Jan. 1, 2021

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Effective Jan. 1, 2021, some Blue Cross and Blue Shield of Illinois (BCBSIL) members with group coverage may need prior authorization for the following procedures:

- Carpal tunnel surgery
- Cholecystectomy
- Cardiac catheterization or angioplasty
- EGD-endoscopic procedure of the stomach or intestine
- Heart surgery
- Hip replacement
- Hysterectomy
- Knee arthroscopy
- Knee replacement
- Laminectomy
- Myringotomy
- Nasal endoscopy/ethmoidectomy
- Pelvic laparoscopy
- Removal of tonsils and/or adenoids
- Septoplasty
- Spinal fusion
- Tympanostomy

Which members may be affected by this change?
Here is a list of three-character member ID prefixes for some of the members that may be affected by the change referenced above: **ACX, PAS, V2T, VXJ, VXL, VXR, VXV, VYD**.

Reminders and Resources
Prior authorization requirements are specific to the patient's policy type and procedure(s) being rendered. Services performed without required prior authorization may be denied for payment and providers may not seek reimbursement from BCBSIL members. If you have any questions, call the number on the member's ID card.

It's critical to **check eligibility and benefits for each member prior to rendering services**, through the Availity® Provider Portal or your preferred web vendor. This step will confirm membership and other important details, such as prior authorization requirements and utilization management vendors, if applicable.

For more information, refer to the Prior Authorization page on our Provider website. Also continue to watch the News and Updates for important announcements. Articles also may be published in the *Blue Review*.