



Medicaid Benefit Preauthorization Requirements (Effective Jan. 1, 2018)

This information applies to Blue Cross Community MMAI (Medicare-Medicaid)SM and Blue Cross Community Health PlansSM (BCCHP) members.

| Limitations of Covered Benefits by Member Contract |
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| The table below includes information on benefit preauthorization requirements for non-emergency services provided to BCBSIL's Medicaid (MMAI and BCCHP) members. Medical necessity, as defined in the Member Handbook, must be determined before a benefit preauthorization number will be issued. Claims received that do not have a benefit preauthorization number may be denied. Independently contracted providers may not seek payment from the MMAI or BCCHP member when services are deemed not to meet the medical necessity definition in the Member Handbook and the claim is denied. |
| Network Participation |
| Out-of-network providers must seek prior authorization for all services. |
| Notification Requirements |
| In cases of an emergency, notification is required within one business day of admission. |
| Medical Necessity |
| Medical necessity, as defined in the Member's handbook, must be met for all services regardless if prior authorization is required. All services are subject to retrospective review and recoupment in accordance with State and Federal rules and regulations. |
| Inpatient Facility Admission Summary |
| All planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Elective admissions must have prior authorization before the admission occurs. |
| All unplanned inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Notification must be made within one business day of admission to the facility. |
| Admission to a skilled nursing facility, a long term acute care hospital (LTACH) or a rehabilitation facility |
| All residential treatment program admissions |

| Prior Authorization Rules - Medicaid Medical / Surgical (Non-Behavioral Health) | |
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| BENEFIT PREAUTHORIZATION REQUIREMENTS* THROUGH EVICORE HEALTHCARE (EVICORE) | |
| <ul style="list-style-type: none"> • Outpatient Molecular Genetics • Outpatient Radiation Therapy • Musculoskeletal Services <ul style="list-style-type: none"> - Chiropractic - Physical/Occupational/Speech Therapy - Spine, Joint, Pain • Outpatient Cardiology and Radiology Imaging Services • Outpatient Medical Oncology • Outpatient Sleep • Post-Acute Care • Outpatient Specialty Drug <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 https://www.evicore.com/healthplan/bcbsil 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 7 a.m. and 7 p.m. (Local Time) Monday through Friday, except holidays.</p> <p><i>For specific codes that apply, refer to eviCore's Web Portal.</i></p> |

Prior Authorization Rules - Medicaid Medical / Surgical (Non-Behavioral Health)

BENEFIT PREAUTHORIZATION REQUIREMENTS THROUGH BCBSIL

Reminder: Always check eligibility and benefits first, through Availity™ or your preferred vendor portal. If benefit preauthorization is required, you may initiate a request online through iExchange®.

| Covered Service | Prior authorization required? |
|---|---|
| Advanced Imaging (PET, MRA, MRI, and CT scans) | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Allergy care, including tests and serum+A24:B57 | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Ambulance | Air – Yes Ground – No |
| Bariatric surgery | Yes |
| Breast pumps and replacement supplies | No – Subject to benefit and DME dollar amount |
| Chemotherapy and radiation therapy | Yes – <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Covered services provided in school-based health clinics | No |
| Durable Medical Equipment (DME) – Medical supplies, orthotics and prosthetics (any single DME, prosthetic and orthopedic device greater than \$1500) | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Emergency dental care | Yes |
| Diabetes self-management services | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Dialysis services | Notification is required. |
| Hearing services and devices | Yes |
| Home birthing | Notification is required. |
| Home health care and intravenous services | Yes – <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Hospice | Yes |
| Hospital services (inpatient, outpatient, and skilled nursing) | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Injections | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Long Term Support Services | Long Term Support Services require pre-assessment, eligibility determination and service planning. This process is completed with the member's care/service coordinator and the treatment team. Once service planning is complete, the authorization process is completed according to State guidelines and requirements. Eligibility is limited to members qualified due to waiver status or eligibility established after evaluation. |
| Nursing facilities | Yes |
| Nutritional counseling services | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Minor surgeries | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Office visits to PCPs or specialists, including dietitians, nurse practitioners, and physician assistants | No |
| Personal care services and private duty nursing (home- or school-based) for children under age 21, who qualify under the Early, Periodic Screen, Diagnostic and Treatment (EPSDT) program | Yes. If your child is disabled, the child may qualify for more services. Please call Customer Service and ask to speak with a Care Coordinator/Case Manager for more information. |

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| Prior Authorization Rules - Medicaid Medical / Surgical (Non-Behavioral Health), continued | |
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| Podiatry (foot and ankle) services | Yes |
| Pregnancy-related and maternity services | No |
| Routine physicals, children's preventive health programs and Tot-to-Teen checkups | No |
| Second opinions (in-network) | No |
| Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist, organ transplants | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018. (Note: All transplants and pre-transplant evaluations require prior authorization.)</i> |
| Special rehabilitation services, such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |

| Prior Authorization Rules – Medicaid Behavioral Health | |
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| Covered Service | Prior authorization required? |
| Community Mental Health Services | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Developmental Testing | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| EPSDT Services | No |
| Illinois DASA Outpatient Services | <i>A listing of specific codes that apply will be available on the BCBSIL Provider website as of Jan. 1, 2018.</i> |
| Inpatient Psychiatric Services | Yes |
| Inpatient Substance Abuse Services | Yes |
| Medication Assisted Treatment for Opioid Dependence | No |
| Mental Health Day Treatment | Yes |
| Neuropsychological Testing | Yes |
| Psychological Testing | Yes |
| Substance Abuse Residential | Yes |
| Substance Abuse Intensive Outpatient Services | Yes |
| Transcranial Magnetic Stimulation | Yes <i>Note: Only a covered service for MMAI.</i> |

Note: Post-acute inpatient stays, SNF, rehabilitation and LTAC services are reviewed by eviCore. Benefit preauthorization 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.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL.

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