



**2019 Blue Cross Medicare Advantage (PPO)<sup>SM</sup> Benefit Preauthorization List,  
Effective Jan. 1, 2019**

<b>BENEFIT PREAUTHORIZATION 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>Chiropractic</b></li> <li>- <b>Physical/Occupational/Speech Therapy</b></li> <li>- <b>Spine, Joint, Pain</b></li> </ul> </li> <li>• <b>Outpatient Cardiology</b></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><i>For specific codes that apply, refer to <a href="#">eviCore's Web Portal</a>.</i></b></p>

<b>BENEFIT PREAUTHORIZATION REQUIREMENTS THROUGH BLUE CROSS AND BLUE SHIELD OF ILLINOIS (BCBSIL)</b>	
<b>Covered Service</b>	<b>Prior authorization required?</b>
<b>Advanced Imaging</b> (PET, MRA, MRI, and CT scans)	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Allergy Care</b> (including tests and serum)	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<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>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Hospital Services</b> (Inpatient, Outpatient)	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Hyperbaric Oxygen</b>	Yes
<b>Injections</b>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<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>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Minor Surgeries</b>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Network Exceptions</b> [including out-of-plan or out-of-network (due to network inadequacy) for managed programs]	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Nutritional Counseling Services</b>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Nutritional Products and Special Medical Foods</b>	Yes

***(Continued on next page)***

<b>BENEFIT PREAUTHORIZATION 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)	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Surgery</b> (including pre-and post-operative care, assistant surgeon, anesthesiologist, organ transplants)	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a> (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>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Electroconvulsive Therapy</b>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>
<b>Transcranial Magnetic Stimulation</b>	Yes
<b>Outpatient Services</b>	<a href="#">Refer to the procedure code list for benefit preauthorization requirements.</a>

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

*Please note that the fact that a service has been preauthorized/pre-certified 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.*

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