

Preauthorization Program

Effective Date: 01/01/2022

For Commercial Medical Benefits

SERVICES REQUIRING PREAUTHORIZATION

Members should present their identification (ID) card to their health care provider when medical services or items are requested. When members use an in-network provider (including a BlueCard® facility participating provider providing inpatient services), the in-network provider will be responsible for obtaining the preauthorization. If members use an out-of-

Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> • Acute care • Long-term acute care • Non-routine maternity admissions and newborns requiring continued hospitalization after the mother is discharged • Skilled nursing facilities • Rehabilitation hospitals • Behavioral Health (mental health care/ substance use disorder) 	<p>Preauthorization requirements do not apply to services provided by a hospital emergency room provider. If an inpatient admission results from an emergency room visit, notification must occur within 2 business days of the admission. All such services will be reviewed and must meet medical necessity criteria from the first hour of admission. Failure to notify us of an admission may result in an administrative denial.</p> <p>Non-routine maternity admissions, including preterm labor and maternity complications, require notification within 2 business days of the date of admission.</p>
Observation Care Admissions	<ul style="list-style-type: none"> • Notification is required for all observation stays expected to exceed 48 hours. • All observation care must meet medical necessity criteria from the first hour of admission. 	<p>Admissions to observation status require notification within 2 business days.</p>

Category	Details	Comments
Outpatient Procedures/ Surgery	<ul style="list-style-type: none"> • Weight loss surgery (Bariatric) • Meniscal transplants, allografts and collagen meniscus implants (knee) • Ovarian and Iliac Vein Embolization • Photodynamic therapy • Radioembolization for primary and metastatic tumors of the liver • Radiofrequency ablation of tumors • Transcatheter aortic valve replacement • Valvuloplasty 	<p>The items listed are examples of outpatient procedures that may be reviewed for medical necessity and or place of service. Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List.</p>
Rehabilitative Therapy Services	<ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs 	
Transplant Surgeries	Evaluation and services related to transplants	Preauthorization will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.
Reconstructive or Cosmetic Services and Items	<ul style="list-style-type: none"> • Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy) • Breast Procedures <ul style="list-style-type: none"> Breast Enhancement (Augmentation) Breast Reduction Mastectomy (Breast removal or reduction) for Gynecomastia Breast Lift 	

