

~ **Prior Authorization Guidelines** ~

**Services marked by a bullet in the columns to the left require prior authorization for the designated line of business. For Specific Codes Requiring PA, please go to:**

[http://www.bcbsnc.com/assets/services/public/pdfs/bluemedicare/prior\\_approval/cpt\\_codes.pdf](http://www.bcbsnc.com/assets/services/public/pdfs/bluemedicare/prior_approval/cpt_codes.pdf)

HMO PPO

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abdominoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blepharoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Breast Reduction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Dental Services</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Diagnostic Testing</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neuropsychological Testing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychological Evaluations for medical conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Durable Medical Equipment (See Prosthetics listed separately below)</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All Rental Items
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Items > \$600.00 (Purchase)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DME Maintenance or Repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Home Health Agency Services</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Inpatient Admissions</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scheduled admissions, including acute hospital, acute to acute hospital transfers, rehabilitation facility, hospice and skilled nursing facility admissions.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>NOTE:</b> For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification of urgent/emergency admits (including obstetric admits) within 24 hours or the first business day after the admission is required.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Investigational Procedures</b> (or those potentially investigational) such as, but not limited to Codes 0001T-0156T
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Nonparticipating Providers and Services</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pharmaceuticals (See formulary)</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Prosthetics (Such as artificial limbs and components)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Rehabilitation/Therapy</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cardiac Rehab: The Initial program of 36 sessions is covered without PA. Additional Cardiac Rehab requires PA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulmonary Rehab: The Initial Program of 36 sessions is covered without PA. Additional Pulm. Rehab requires PA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speech Therapy
		<b>Surgery</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refractive Surgical Procedures (LASIK, PRK, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sacral Neurostimulators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spinal Neurostimulators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deep Brain Stimulators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neuromuscular Stimulators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Penile Implants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vagal Nerve Stimulators for Epilepsy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surgical Treatment of Morbid Obesity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surgical Treatment of Sleep Apnea (UPPP, somnoplasty, uvulectomy, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporomandibular Joint Surgery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transplants, Bone Marrow and Organ
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose Vein Treatment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vertebroplasty and Kyphoplasty, Percutaneous
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transportation (non-emergency)</b>

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