



**BlueCross BlueShield of Oklahoma**

## **Blue Cross Medicare Advantage Prior Authorization List Effective 1/1/2016**

The attending physician must obtain prior authorization for the services outlined in the Blue Cross Medicare Advantage Prior Authorization List, except in an urgent situation.

For additional prior authorization information for members in the **Tulsa area HMO**, please contact Customer Service at 1-866-796-5709.

For additional prior authorization information for members in the **Oklahoma City area HMO and all PPO members**, please contact Customer Service at 1-877-774-8592.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

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Blue Cross Medicare Advantage Prior Authorization List Effective 1/1/2016	
Medical/Surgical	CPT Codes
Air Ambulance	A0430, A0431, A0435, A0436
All Acute Inpatient Stays – approved/pend based on IRL (inpatient review list)	
All Inpatient Rehab to go to Clinicians for review	
All LTAC's (Long Term Acute Care) to go to Clinicians for review	
All Organ transplants	
All SNF (Skilled Nursing Facility) to go to Clinicians for review	
Blepharoplasty	15775, 15776, 15777, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835
Botox Injections	64650, 64653
DME (Durable Medical Equipment)	E0652, K0822, E0748, E0747, L8680, E0760, <b>K0861</b>
GI Radiology services	<b>91110, 91111</b>
HHC (Home Health Care)	G0151, G0152, G0153, G0157, G0158, G0159, G0160, G0161, G0154, G0162, G0163, G0164
Outpatient Services	CPT Codes
Advanced Radiology including PET scans, CT Scans, MRI's require prior authorization inclusive of the following codes	PET Scans (78459, 78491, 78492, 78608, 78609, 78811 to 78816) Breast MRIs (77058 through 77059) CT Cardiology studies (75571 through 75574)
Electroconvulsive Therapy (ECT)	90870
Neuropsychological Testing	96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125
Psychological Testing	96101, 96102, 96103
Repetitive Transcranial Magnetic Stimulation (rTMS)	90867, 90868
Specialty Review Unit Pharmacy Codes	CPT Codes
Pharmacy	J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, 90283, 90284, J2357, 90378, J1745, J0490, Q2043, J0897, J0881, J0882, J0885, J0886, J3262, J2323, J9035, C9257, J9310, J0585, J0587, J2505, <b>J9228, C9027, C9453</b>
Behavioral Health	CPT Codes
All Inpatient Stays	Acute Requests
Partial Hospitalization Program (PHP)	H0035
All Network Exceptions	

Key = **New Prior Authorization and/or New CPT Codes**

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