

**Blue Cross & Blue Shield of Mississippi Services that Require
Pre-Certification and Prior Authorization
Underwritten and Self-Funded Group Members**

IMPORTANT: This list only applies to services performed in Non-Network Mississippi Hospitals

Non-Network Inpatient Services – Pre-Certification Request Required

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| All inpatient Services |
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Non-Network Outpatient Services – Prior Authorization Request Required

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| All Elective Outpatient Surgery (All outpatient surgical codes) | |
| All Outpatient Radiology Services: <ul style="list-style-type: none"> • PET Scans • CT Scans • MRI • Ultrasounds • Non HY! Mammograms • Non HY! Bone Density Scans | *Note: HY! related procedures are not covered at a Non-Network Provider. Click here for a complete listing of HY! procedure codes. |
| Any Diagnostic Cardiac Studies | |
| <ul style="list-style-type: none"> • Catheterization • Stress Tests • Echocardiogram | |
| Other Therapies and Studies | |
| <ul style="list-style-type: none"> • Polysomnography/Sleep Tests • Chemotherapy • Psychotherapy/Psychology Related Services • Physical Therapy • Occupational Therapy • Speech Therapy • Infusion Therapy | |
| Outpatient Dental Procedures (“D” Codes) | |
| Drug Therapy | |
| <ul style="list-style-type: none"> • Please click here for a full list of Drugs requiring Prior Authorization | |

All services are subject to the limitations and exclusions of the member’s benefit plan and Blue Cross & Blue Shield of Mississippi’s coding and medical policies. Benefits information quoted is not a guarantee of payment. Benefit payment is determined at the time the claim is processed.