



Healthcare Services Requiring Prior Authorization

#	Healthcare Service/Procedure	Effective Date	Web Page Display*
1	Clinical Trial Participation	2014	2014
2	Gender Affirming / Reassignment Surgery	2022	2022
3	Gene Therapy/Cellular Immunotherapy	2021	2021
4	Home Health Services (includes Hospice Care)	2003	2003
5	Infusion Therapy Services	2003	2003
6	Negative Pressure Wound Therapy	2015	2015
7	Organ and Tissue Transplant (Procedure, Travel, Lodging, Donor)	2003	2003
8	Out-of-State Services for Individual Blue Care PPACA	2014	2014
9	Outpatient Anesthesia and Facility Charges for Dental Services	2003	2003
10	Outpatient Cardiac Rehabilitation	2003	2003
11	Outpatient Pulmonary Rehabilitation (Lung Transplant Benefits)	2017	2017
12	Partial Hospitalization	2014	2014
13	Prescription Drugs - Local	2011	2011
14	Residential Treatment Center Services	2015	2015
15	Skilled Nursing Facility Admission	2006	2006
16	Temporomandibular / Craniomandibular Joint Disorder Treatment	2014	2014
17	Wearable Cardioverter Defibrillators (LifeVest)	2019	2019

*The Healthcare Services Prior Authorization *Web Page Display Date* mirrors the *Effective Date* for all Healthcare Services prior to July 1, 2024.

Medical Prescription Drugs requiring a BCBSMS Prior Authorization may be found at [here](#).

Medical Prescription Drugs requiring a State Health Plan Prior Authorization may be found [here](#).

Prescription Drugs requiring a Prior Authorization are Member/Benefit Plan specific and requires the Member/Patient's name and ID to start the search. The Member may search in myBlue Member, the Network Provider may search in myBlue Provider and Non-Network Providers may search [here](#).

Covered Inpatient Services are not addressed through a prior authorization process but rather through coordination of care. The Hospital's professional Providers and staff together with BCBSMS' Clinical Team coordinate the Member's Inpatient care through development and facilitation of the Member's Plan of Care. The Plan of Care includes coordination of Utilization Management needs and Discharge Planning to include continued stay evaluation and post-discharge services such as home health and home infusion. Coverage of Inpatient Services is evaluated and managed through the Hospital's available medical records and related Plan of Care.

Prior Authorization Requirements Removed:

#	Healthcare Service/Procedure	Effective Date	Web Page Display*	Removed
1	Applied Behavioral Analysis (ABA) Therapy	2015	2015	7/31/24