



Medical Services Requiring Prior Authorization

#	Medical Service/Procedure	Effective Date	Web Page Display*
1	Clinical Trial Participation	2014	2014
2	Durable Medical Equipment	2003	2003
3	Gender Affirming / Reassignment Surgery	2022	2022
4	Gene Therapy/Cellular Immunotherapy	2021	2021
5	Home Health Services	2003	2003
6	Hospice Care	2003	2003
7	Infusion Therapy Services	2003	2003
8	Medical Drugs - State Health Plan	2023	2023
9	Negative Pressure Wound Therapy	2015	2015
10	Organ and Tissue Transplant (Procedure, Travel, Lodging, Donor)	2003	2003
11	Out-of-State Services for Individual Blue Care PPACA	2014	2014
12	Outpatient Anesthesia and Facility Charges for Dental Services	2003	2003
13	Outpatient Cardiac Rehabilitation	2003	2003
14	Outpatient Pulmonary Rehabilitation (Lung Transplant Benefits)	2017	2017
15	Partial Hospitalization	2014	2014
16	Physical Medicine (Physical / Occupational Therapy)	2006	2006
17	Prescription Drugs - Local	2011	2011
18	Residential Treatment Center Services	2015	2015

#	Medical Service/Procedure	Effective Date	Web Page Display*
19	Skilled Nursing Facility Admission	2006	2006
20	Temporomandibular / Craniomandibular Joint Disorder Treatment	2014	2014
21	Wearable Cardioverter Defibrillators (LifeVest)	2019	2019

*The Medical Services Prior Authorization *Web Page Display Date* mirrors the *Effective Date* for all Medical 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:

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