

## Preauthorization Requirements

Preauthorization establishes in advance the Medical Necessity or Experimental/Investigational nature of certain care and services covered under this Plan. It ensures that the Preauthorized care and services described below will not be denied on the basis of Medical Necessity or Experimental/Investigational. However, Preauthorization does not guarantee payment of benefits.

Coverage is always subject to other requirements of the Plan, such as limitations and exclusions, payment of contributions, and eligibility at the time care and services are provided.

**Please share this list with your health care provider.**

**The following services require Preauthorization:**

- All inpatient Hospital Admissions,
- Coordinated Home Care Program Services
- Home hemodialysis
- Home hospice
- Home infusion therapy
- All home health services
- Outpatient infusion drugs
- Private duty nursing
- Transplant & Transplant evaluations
- Lipid apheresis

### Ear, Nose and Throat (ENT)

- Bone conduction hearing aids
- Cochlear implants
- Nasal and sinus surgery

### Gastroenterology (Stomach)

- Gastric electrical stimulation (GES)

### Neurological

- Deep brain stimulation
- Sacral nerve neuromodulation/stimulation
- Vagus Nerve stimulation (VNS) (morbid obesity)
- Surgical Deactivation of Headache Trigger sites

### Surgical Procedures

- Orthognathic Surgery; face reconstruction
- Mastopexy, breast lift
- Reduction mammoplasty; breast reduction

### Wound Care

- Hyperbaric Oxygen (HBO2) therapy



**BlueCross BlueShield  
of Illinois**

### Specialty Pharmacy

- Medical Benefit Specialty Drugs (specialty drugs administered by your provider)

### Musculoskeletal

- Artificial Intervertebral Disc
- Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage
- Lesions
- Femoroacetabular impingement (FAI) Syndrome
- Functional Neuromuscular Electrical Stimulation (FNMES)
- Lumbar Spinal Fusion
- Meniscal Allografts and other Meniscal Implants
- Orthopedic Application of Stem Cell Therapy

### Pain Management

- Occipital Nerve Stimulation
- Percutaneous and Implanted Nerve Stimulation and Neuromodulation
- Spinal Cord Stimulation

### Non-Emergency Fixed-Wing Ambulance Transportation

- Non-emergency fixed-wing ambulance transportation

### Behavioral Health

- Inpatient (acute and rehab),
- Residential
- Partial Hospital (aka – PHP)
- Intensive Outpatient (aka – IOP)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Electroconvulsive Therapy (ECT),
- Applied Behavioral Analysis (ABA)