Receiving approval on a prior authorization does NOT guarantee payment. Some plans may have limitations on certain benefits.

**GENERAL**
- Elective admissions, in or out of area, all levels of care
- Outpatient procedures in all Hospitals and Ambulatory Surgery Centers
- Out of network or non-par procedures and services
- Experimental or investigational procedures
- New FDA approved medications > $500
- Medicare Part B Rx Injectable and home infusion drugs listed below:
  - Alpha-1-Proteinase Inhibitors
  - Antihemolytics
  - Botox
  - Cardiovascular agents
  - Coagulation modifiers
  - Cosmetic agents
  - Endocrine/metabolic agents
  - Fertility
  - Growth hormone
  - Hemophilia factors
  - Immunological agents
  - Interferon
  - IV Bisphosphonates
  - IV Chemo
  - IV Iron products
  - IVIG
  - MS drugs (Dalfampridine, Glatiramer, Interferon beta-1b, Mitoxantrone, Natalizumab, Cladribine, Fingolimod, Teriflunomide, Alemtuzumab)
  - N Plate
  - Ophthalmologic agents
  - Specific Enzymes (Cerzyme, Pulmozyme or Enzyme replacement agents)
  - Stem cell stimulating factors
  - Xiaflex
- Labs not performed at a preferred provider, outpatient/non-emergent/non-preoperative
- Radiology not performed at preferred provider
- Facility sterilization
- Non-emergency transportation

**HOME HEALTH / THERAPY SERVICES**
- Home Health Care
- Injectables, IVs at home
- PT/OT/ST exceeding 9 visits

**ANY DME with a billed amount OVER $500 and the list below:**
- Beds – specialty
- Travel O2
- Bone growth stimulators
- Braces, splints, air casts
- Breast prostheses and bras S/P mastectomy
- CPAP/BIPAP purchase and supplies
- Orthotic/Prosthetic – devices, supplies and repairs
- Diabetic continuous glucose monitoring
- Diabetic insulin pump and supplies
- Diabetic orthotic inserts
- Diabetic shoes

**HOMEBOUND SERVICES**
- PICC lines
- Podiatry
- Portable x-rays

**OB SERVICES**
- Artificial insemination
- C-section, elective
- OB ultrasound > 2
- The following procedures when performed in hospital (non-OB check):
  - Fetal biophysical
  - OB ultrasounds – ALL

**SURGICAL/PROCEDURE PHYSICIANS’ OFFICE**
- Any office procedure > $2,500.00 Medicare allowable
- Mohs’ surgery
- Oral surgery
- Plastic/reconstructive surgeries

**RADIOLOGY**
- CT
- CTA
- MRI
- MRA
- MRV
- Myelogram
- Angiogram
- Nuclear studies
- PET

**OTHER PROVIDERS WHO REQUIRE PRIOR AUTHORIZATIONS**
- All non-par specialties
- Genetic counseling
- Oral surgery
- Pain management
- Plastic surgery
- Neurosurgery (SPINE ONLY)
- Chiropractic

**INPATIENT ADMISSIONS & OBSERVATIONS:** Prior authorization is not required for emergent inpatient admissions. Authorization of the stay (including notification of observations) is required prior to claim payment. Please submit a face sheet as a form of notification to allow for authorization entry and concurrent review.

**OUT OF NETWORK SERVICES:** Participating primary care providers and specialists must obtain prior authorization for any referral of non-emergency care to a non-participating HC facility or provider.

**EXPERIMENTAL OR INVESTIGATIONAL ITEMS:** Any drugs, services, treatment or supplies that the BCBSAZ Advantage & P3 medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services.

**ORGANIZATIONAL DETERMINATION STATUS DEFINITIONS:**
- **Expedited:** When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee’s life, health, or ability to regain maximum function in serious jeopardy.
- **Standard:** Determination must be made as expeditiously as the enrollee’s health condition requires, but no later than 14 calendar days after the organization receives the request.

*AUTHORIZATION REQUESTS MUST COME FROM THE ORDERING PROVIDER NOT A RECEIVING FACILITY OR VENDOR* (ex: infusion center, orthotics, radiology, SNF, AIR)

* Detailed med list available
**Procedures and Diagnostic Tests**

Receiving approval on a prior authorization does NOT guarantee payment. Some plans may have limitations on certain benefits.

---

**Allergy**
- Subcutaneous Immunotherapy
- Sublingual Immunotherapy
- Patch or Application Testing
- Percutaneous and Intracutaneous Allergy Testing
- Quantitative Allergy-Specific IgE Antibody Assays
- Food allergy testing

**Cardiology**
- Ambulatory Blood Pressure Monitoring, 24-Hour
- Brachytherapy (Cardiovascular)
- Cardioverter-Defibrillator, Wearable
- Electrical Bioimpedance, Measurement of Cardiac Output
- Enhanced External Counterpulsation (ECCP)
- Exercise Treadmill Test (ETT) with ECG
- Holter Monitor (24-Hour to 48-Hour Continuous Monitoring)
- Loop Recorder (Cardiac Event Monitor), Implantable
- Loop Recorder (Cardiac Event Monitor), Non-Implantable
- Microwolt T-Wave Alternans
- Patch-Type Cardiac Monitor
- Pharmacologic Stress Echocardiography
- Stress Echocardiography
- Tilt Table Testing
- Transesophageal Echocardiography (TEE)
- Transthoracic Echocardiography (TTE), Resting

**Cardiovascular Surgery**
- Cardiac Pacemaker Implantation
- Carotid Artery Angioplasty with Stent Placement (CAS)
- Endovascular Intervention, Iliac and Femoral Popliteal
- Endovascular Repair (EVR), Thoracic Aorta
- Saphenous Vein Ablation, Laser
- Saphenous Vein Ablation, Radiofrequency
- Saphenous Vein Stripping
- Sclerotherapy Plus Ligation, Saphenofemoral Junction
- Sclerotherapy, Leg Veins
- Stab Phlebectomy
- Vertebral Artery Angioplasty, with or without Stent Placement

**General Surgery**
- Abdominoplasty
- Breast Biopsy, Percutaneous: Needle Core or Fine Needle Aspiration
- Ductal Lavage
- Hemorrhoidectomy
- Mastectomy for Gynecomastia
- Myotomy, Lower Esophageal Sphincter: Open or Laparoscopic
- Pancreatectomy
- Radiofrequency Energy Delivery to Gastroesophageal Junction (Stretta)
- Reduction Mammoplasty
- Scar Revision
- Transoral (Endoluminal) Gastroplication or Suturing

**Head and Neck Surgery**
- Adenoidectomy
- Auditory Brainstem Implants
- Cochlear Implant
- Endolymphatic Sac Surgery
- Functional Endoscopic Sinus Surgery (FESS)
- Bone Anchored and Bilateral Ear Hearing Aids
- Bone Anchored and Single Ear Hearing Aids
- Full Mouth Rehabilitation
- Maxillomandibular Osteotomy and Advancement
- Mandibular Osteotomy
- Microvascular Free Flap
- Multi-fraction Radiotherapy
- Muscle Transfer for Facial Paralysis
- Nerve Block or Neurolysis, Celiac Plexus or Splanchnic Nerve Block
- Nerve Block or Neurolysis, Lumbar Sympathetic Nerve Block
- Nerve Block, Stellate Ganglion
- Nerve Block, Superior Hypogastric Plexus
- Palidotomy
- Stereotactic Radiosurgery
- Thalamotomy

**Hematology - Oncology**
- Therapeutic apheresis
- Autologous Blood Donation
- Brachytherapy
- Intensity Modulated Radiation Therapy (IMRT)
- Proton Beam Therapy
- Radiofrequency Ablation of Tumor
- Radionuclide (Strontium, Samarium, Radium) Therapy of Bone Metastases
- Sipuleucel-T
- Stereotactic Body Radiotherapy

**Neurology**
- EEG, Continuous Ambulatory Monitoring
- EEG, Noninvasive
- Electrical Nerve Stimulation, Transcutaneous (TENS)
- Electromagnetic Therapy
- Electromyography, Nerve Conduction Studies
- Evoked Potentials: SEP, MEP, BAEP, VEP
- Intracarotid Amobarbital (Wada) Test
- Magnetoencephalography
- Occipital Nerve Stimulation
- Static Magnetic Fields
- Vagus Nerve Stimulation (VNS)

**Neurosurgery**
- Microsurgical Resection Acoustic Neuroma
- Deep Brain Stimulation (DBS)
- Facet Joint Injection
- Implanted Electrical Stimulator, Sacral Nerve
- Implanted Electrical Stimulator, Spinal Cord
- Intrathecal Pump Implantation
- Migraine Headache, Surgical Treatment
- Nerve Block or Neurolysis, Celiac Plexus or Splanchnic Nerve
- Nerve Block or Neurolysis, Lumbar Sympathetic Nerve Block
- Nerve Block, Stellate Ganglion
- Nerve Block, Superior Hypogastric Plexus
- Pallidotomy
- Stereotactic Radiosurgery
- Thalamotomy

* Detailed med list available
Receiving approval on a prior authorization does NOT guarantee payment. Some plans may have limitations on certain benefits.

### Obstetrics and Gynecology
- Amniocentesis
- Assisted Reproductive Technology
- Chorionic Villus Sampling (CVS)
- Colposcopy
- Conization, Cervix
- Cryotherapy, Cervix
- Dilation and Curettage (D and C)
- Human Papilloma Virus (HPV) Testing
- Hysteroscopy, with or without Endometrial Resection, Ablation, or Myomectomy
- Laparoscopic Uterosacral Nerve Ablation (LUNA)
- Laser Ablation, Cervix
- Loop Electrosurgical Excision Procedures (LEEP, LLETZ), Cervix
- MRI-Guided Focused Ultrasound, Uterus
- Ovarian and Internal Iliac Vein Embolization
- Photodynamic Therapy, Cervix
- Presacral Neurectomy
- Retropubic Suspension, Open or Laparoscopic
- Sling Procedures, Female
- Sperm-Hyaluronan Binding Assay (HBA)
- Uterine Artery Embolization

### Orthopedics
- Autologous Chondrocyte Implantation, Knee
- Automated Percutaneous Lumbar Discectomy (APLD), Low Back Pain
- Bankart Lesion Repair, Open or Arthroscopic
- Carpal Tunnel Decompression Procedures: Open and Endoscopic
- Chemonucleolysis
- Collagen Meniscus Implant
- Cubital Tunnel Decompression Procedures
- Disk Arthroplasty, Cervical
- Disk Arthroplasty, Lumbar
- Diskography (Discography)
- Epidural Corticosteroid Injection
- Iliotibial Band Lengthening
- Meniscal Allograft Transplant
- Microfracture
- Mosaicplasty
- Osteochondral Allograft Transplant
- Platelet-Rich Plasma
- Release of Adhesive Capsulitis, Shoulder, Closed or Arthroscopic
- Removal of Calcium Deposits, Shoulder
- Spinal Distraction Devices
- Superior Labrum Anterior to Posterior (SLAP) Tear Repair, Arthroscopic
- Tarsal Tunnel Decompression Procedures
- Thermal Intralidiscal Procedures (TIPs)
- Vertebralplasty and Kyphoplasty

### Thoracic Surgery and Pulmonary Disease
- Bronchial Thermoplasty
- Bronchoscopy, Diagnostic and Interventional
- CPAP Titration, Home (APAP)
- CPAP Titration, Sleep Center
- Hyperbaric Oxygen
- Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness Test (MWT)
- Polysomnography (PSG), Portable or Home Sleep Study
- Polysomnography (PSG), Sleep Center
- Thoracic Outlet Decompression Procedures

### Ophthalmology
- Blepharoplasty, Canthoplasty, and Related Procedures
- Capsulotomy, Laser
- Cataract Removal, with or without Intraocular Lens Implant
- Corneal Hysteresis Measurement
- Focal Laser Treatment
- Iridectomy, Incisional or Laser
- Iridotomy, Laser
- Optical Coherence Tomography
- Photocoagulation, Macular Disease
- Photocoagulation, Panretinal
- Photodynamic Therapy with Verteporfin
- Scanning Laser Polarimetry (SLP) for Glaucoma
- Trabecuoplasty and Trabeculectomy, Laser

### Urology
- Artificial Urinary Sphincter
- Circumcision
- Cystoscopy
- Extracorporeal Shock Wave Lithotripsy (ESWL), Kidney
- High Intensity Focused Ultrasound (HIFU), Prostate
- Laser Surgery, Prostate
- Nephrolithotomy with or without Lithotripsy, Stent, or Basket Extraction: Percutaneous
- Percutaneous Tibial Nerve Stimulation (PTNS)
- Periurethral Bulking Injections
- Sling Procedures, Male
- Transurethral Electrovaporization, Prostate (TUVP)
- Transurethral Incision, Prostate (TUIP)
- Transurethral Microwave Therapy (TUMT)
- Transurethral Needle Ablation (TUNA), Prostate
- Ureteroscopy
- Urodynamic Testing
- Water Induced Thermotherapy

### Skin and Wound Care
- Dermoscopy, Handheld and Digital
- Laser Therapy, Skin
- Mohs Micrographic Surgery
- Noncontact Normothermic Wound Therapy
- Photochemotherapy, Skin
- Photodynamic Therapy, Skin
- Phototherapy, Skin
- Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure)

* Detailed med list available