



Blue Cross Complete authorization requirements

Contact Blue Cross Complete to request authorization:

Hours: 8:30 a.m. to 5 p.m., Monday through Friday

Telephone: 1-888-312-5713, press 1 to request authorization / **Fax:** 1-888-989-0019

NONCONTRACTED LABORATORIES must obtain authorization for all services rendered

Effective May 1, 2022, Blue Cross Complete requires authorization from National Imaging Associates, Inc. for non-emergency outpatient diagnostic imaging services.

This document serves as a guide to services that require authorization. All other services don't require authorization.

Note - authorization doesn't guarantee payment.

Inpatient services	
Electroconvulsive therapy treatment	Authorization is required for all providers.
Hospice services	Authorization is required for all providers.
Inpatient admissions	Authorization is required for all providers. This includes long-term acute care, inpatient rehabilitation and skilled nursing care. Providers should notify Blue Cross Complete of all emergency admissions within 1 business day.
Maternity	Plan notification is required for all providers. Notification must be made up to 48 hours following routine delivery / 96 hours following C-section.
Non-routine nursery care (NICU, special care nursery)	Authorization is required for all providers. (This is a clarification of an existing requirement.)
Office / outpatient / ancillary services	
Advanced imaging: Nuclear cardiology, computed tomography angiography (CTA), computed tomography (CT), magnetic resonance angiography (MRA), magnetic resonance imaging (MRI), myocardial perfusion imaging (MPI), positron emission tomography (PET)	For all non-emergency outpatient diagnostic imaging services, authorization is required for all providers from National Imaging Associates, Inc. For a list of the CPT-4 [®] codes that NIA authorizes on behalf of Blue Cross Complete, refer to NIA's website, RadMD.com * to obtain the Blue Cross Complete/NIA Medical Specialty Solutions Utilization Review Matrix document. Effective May 1, 2022.
Bone anchored hearing aid	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Bariatric surgery	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Biofeedback for urinary incontinence and chronic constipation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Cardiac rehabilitation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Chiropractic services	Authorization is required if <18 years of age. Authorization request must be submitted at least 14 days prior to service being rendered Note: Coverage includes one set of X-rays of the spine per year. Chiropractor must be affiliated with Blue Cross Complete.
Cognitive therapy	Authorization is required for all providers. Authorization required after 12th visit.
Contact lenses (See also: Vision services and supplies: low vision and vision services and supplies, routine)	Authorization is required for all providers. Routine vision services include routine eye exams, eyeglasses, and other vision services and supplies.
Cosmetic surgery and reconstructive procedures	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
DME / P&O / medical supplies	Refer to the table of preferred vendors on page 4 of this document.

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Office / outpatient / ancillary services	
Elective termination of pregnancy	Authorization is required for all providers. Special requirements: The following procedures require special consent that must be submitted with the request for authorization: hysterectomy, sterilization procedures and elective termination of pregnancy.
Endoscopy procedures on the trachea and bronchi	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Genetic testing	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Click this link to view a list of genetic testing codes that require authorization.
Glucose monitor	Prior authorization isn't required for infants and toddlers < 5 years of age if standards of coverage and documentation requirements are met. Prior authorization is required for all other ages and conditions.
Hip joint replacement	Authorization request must be submitted at least 14 days prior to service being rendered.
Hip surgery (total, partial, revisions)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Home health care (physical, occupational and speech therapy)	Authorization is required for all providers after the 18th visit. These visits include any combination of skilled nursing, physical therapy, and occupational therapy.
Home TPN and enteral feedings	Authorization is required for all providers.
Hospice services (home)	Authorization is required for all providers.
Hyperbaric oxygen therapy	Authorization is required for all providers.
Hysterectomies	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Investigational (experimental)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Knee joint replacement	Authorization request must be submitted at least 14 days prior to service being rendered.
Knee surgery (total and partial)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Neuropsychological / psychological testing	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Observation	Authorization is required for all providers on observations > 72 hours.
Occupational therapy	Authorization is required for all providers after 24th visit.
Physical therapy	Authorization is required for all providers after 24th visit.
Pulmonary rehabilitation	Authorization is required for all providers.
Removal of fallopian tubes/ ovaries	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Skilled nursing	Authorization is required for all providers. Authorization request must be submitted after 18 visits per episode of treatment.
Speech therapy	Authorization is required for all providers. Authorization is required for all providers after 24th visit.
Spine and neck fusions	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
TMJ treatment	Authorization is required for all providers.
Transplants	Authorization is required for all providers. This includes for solid organ and bone marrow evaluations and harvesting (except kidney/skin/cornea). Note: Direct members to Blue Distinction Centers for transplants. Authorization request must be submitted at least 14 days prior to service being rendered.
Tubal ligations	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Unclassified procedures (also called "not otherwise classified" (NOC), "unlisted" and "unspecified")	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.

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Fusion	
Anterior cervical fusion, one level	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Lumbar fusion, one level	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Injections	
Injections and pain management (trigger point injections, spinal cord neurostimulators, nerve blocks)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Facet joint injection	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Surgical and diagnostic procedures	
Abscess drainage, superficial	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Arthroscopy/Arthroplasty	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Carpal tunnel release	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Cataract-related interventions	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Cystourethroscopy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Colonoscopy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities. Authorization isn't required for monitored anesthesia.
Debridement	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Endoscopy (upper)	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities. Authorization isn't required for monitored anesthesia.
Excision superficial soft tumor	Authorization may be required based on the type of service performed. Authorization requests must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery centers.
Hernia repair	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Hysteroscopy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Laryngoscopy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Lithotripsy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Septoplasty, submucous resection	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Sinus interventions	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.

Surgical and diagnostic procedures (continued)	
Surgery: Respiratory system	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Tonsillectomy and/or adenoidectomy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Trigger finger release	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Tympanostomy	Authorization is required if service is performed in an outpatient hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery center facilities.
Vasectomy	Authorization is required. Authorization request must be submitted at least 14 days prior to service being rendered.

§ For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the *Blue Cross Complete Medication Prior Authorization Request* form, which is available at mibluccrosscomplete.com/providers. The completed form must be faxed to PerformRx at 1-855-811-9326.

VENDORS

Type of service outpatient/non-patient	Vendors
Laboratory	<ul style="list-style-type: none"> • Drugscan: 1-800-235-4890 • JVHL: 1-800-445-4979 • Quest Diagnostics: 1-866-697-8378
Nondiabetic DME, P&O and medical supplies	<ul style="list-style-type: none"> • Northwood, Inc.: Call 1-800-393-6432 to identify a contracted supplier.
Diabetes and incontinence supplies	<ul style="list-style-type: none"> • J&B Medical Supply: 1-888-896-6233
Non-emergency diagnostic imaging services	<ul style="list-style-type: none"> • National Imaging Associates, Inc.: 1-800-424-5351; For a list of procedures NIA authorizes on behalf of Blue Cross Complete, refer to NIA's website, RadMd.com* or the Blue Cross Complete/NIA Medical Specialty Solutions Utilization Review Matrix document. Effective May 1, 2022.

Blue Dot Changes to Blue Cross Complete Plan Notification and Authorization Requirements

Service	Change description
Excision superficial soft tumor	Authorization may be required based on the type of service performed. Authorization requests must be submitted at least 14 days prior to service being rendered. Authorization is required for all non-par ambulatory surgery centers.
Non-emergency diagnostic imaging services	Added National Imaging Associates, Inc. as vendor: 1-800-424-5351 ; For a list of procedures NIA authorizes on behalf of Blue Cross Complete, refer to NIA's website, RadMd.com * or the Blue Cross Complete/NIA Medical Specialty Solutions Utilization Review Matrix document. Effective May 1, 2022.
Advanced imaging: Nuclear cardiology, computed tomography angiography (CTA), computed tomography (CT), magnetic resonance angiography (MRA), magnetic resonance imaging (MRI), myocardial perfusion imaging (MPI), positron emission tomography (PET)	For all non-emergency outpatient diagnostic imaging services, authorization is required for all providers from National Imaging Associates, Inc. For a list of the CPT-4® codes that NIA authorizes on behalf of Blue Cross Complete, refer to NIA's website, RadMd.com * to obtain the Blue Cross Complete/NIA Blue Cross Complete/NIA Medical Specialty Solutions Utilization Review Matrix document. Effective May 1, 2022.
Injections and pain management	Removed sacroiliac injections from this service category in April 2022. Authorization isn't required.
Colonoscopy	Correction: Authorization isn't required for monitored anesthesia used with colonoscopy or endoscopy. Effective May 1, 2022.
Endoscopy	Correction: Authorization isn't required for monitored anesthesia used with colonoscopy or endoscopy. Effective May 1, 2022.
Sacroiliac joint injection	Removed from document in April 2022. Authorization isn't required for this service.
Upper endoscopy	Changed to: Endoscopy (upper) May, 2022.

CPT codes, descriptions and two-digit numeric modifiers only are copyright 2022 American Medical Association. All rights reserved.

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.