



**MEDICAL/SURGICAL and BEHAVIORAL HEALTH
PRIOR AUTHORIZATION REQUIREMENTS SUMMARY
FOR INDIVIDUAL & FAMILY MARKETS AND FULLY
INSURED GROUP MEMBERS
Effective 09/18/2023
Updated 08/11/2023**

- BCBSNM has two types of preservice review to assess benefits and medical necessity: prior authorization and recommended clinical review. Similarities predominate over differences between these two types of preservice review. The primary difference is that prior authorization is required for certain services whereas recommended clinical review is elective for services that do not require prior authorization.
- **Prior Authorization** is required by BCBSNM for certain services to determine in advance the Medical Necessity or Experimental, Investigational and/or Unproven nature of certain care and services based on MCG Criteria, Medical Policy, and Member benefits. [The list below describes the services that require Prior Authorization.](#)
- **Eligibility and Benefits Reminder:** Obtain eligibility and benefits first to confirm membership, verify coverage and determine whether prior authorization is required.
- If you have any questions, please contact the BCBSNM Health Services Department at 800-325-8334.

Inpatient Facility Admission*(acute care, inpatient rehab, cardiac rehab, pain management, skilled nursing, hospice, long term acute care/sub-acute care, etc.)

- Prior authorization is required for all planned (elective) inpatient hospital care, including surgical, non-surgical, behavioral health and/or substance abuse. Elective admissions must have prior authorization before the admission occurs.
- Notification is not required for unplanned or emergency inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse), including emergency admissions and post-stabilization care or services. However, notification of admission to the facility is encouraged.

2023 PRIOR AUTHORIZATION REQUIREMENTS EFFECTIVE 09/18/2023

Inpatient Medical/Surgical Facility Admissions Including Transfers:

- Elective Acute Care / Hospital
- Long Term Acute Care / Sub-acute
- Hospice Care
- Rehabilitation Facility
- Skilled Nursing Facility

Behavioral Health and Chemical Dependency Facility Admissions:

- Inpatient
- Residential Treatment Center (RTC)

Pharmacy Benefits (Prime):*

Prior Authorization is required on some medications before the drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug.

Other inpatient and outpatient services that require Prior Authorization include out of network exceptions for non-participating providers.

[*Note: Click here to view Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization under Pharmacy Benefits for Fully Insured \(FI\).](#)

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be decided once a claim is received. They will be based on, among other things, the member's eligibility, and the terms of the member's certificate of coverage effective on the date of service.

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