BCBSMA Prior Approval Expansion for PPO and EOP Products

The following services will have an authorization requirement as of June 1, 2022. We will begin accepting authorizations at least 30 days in advance of the requirement date. Members having these services will require an approved authorization for coverage for dates of service on or after June 1, 2022.

<table>
<thead>
<tr>
<th>Service</th>
<th>Applies to</th>
<th>Provider can request authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous glucose monitors</td>
<td>• Commercial EPO and PPO</td>
<td>By calling the Pre-Authorization number on the back of the member’s card. <em>Remember: Authorization is required on an annual basis.</em></td>
</tr>
<tr>
<td>(Codes: A9277, K0553, S1036)</td>
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</tbody>
</table>

**Spine surgeries using InterQual**

**Smartsheets for:**

- Anterior Cervical Discectomy and Fusion (ACDF)
- Discectomy, Percutaneous, Lumbar
- Fusion (with Laminectomy), Cervical
- Fusion (with Laminectomy), Lumbar
- Fusion (with Laminectomy), Thoracic
- Fusion, Cervical Spine
- Fusion, Lumber Spine
- Fusion, Thoracic Spine
- Hemilaminectomy (Laminotomy) +/- Discectomy, Cervical
- Hemilaminectomy (Laminotomy) +/- Discectomy, Lumbar
- Laminectomy (with Fusion), Cervical
- Laminectomy (with Fusion), Lumbar
- Laminectomy (with Fusion), Thoracic
- Laminectomy, Cervical
- Laminectomy, Lumber
- Laminectomy, Thoracic

**Other services (Please see attached document)**

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<td>• Commercial EPO and PPO</td>
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</table>

**Applies to these services:**

- Authorization is required for these services for dates of service on or after June 1, 2022.
• We will accept prior authorization requests starting on May 1, 2022.

How to request prior authorization:

• Providers can contact the authorization area by calling 1-800-676-BLUE.

Please note that:

• As always, we recommend checking benefits and eligibility to determine the member’s benefits and any authorization requirements.

• All services must continue to meet medical necessity criteria. We will only provide reimbursement for services that meet these requirements and for which a prior authorization has been obtained.

• After June 1, 2022, providers will be able to use the Medical Policy Router to search for Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems requirements (Medical Policy 107).

• After June 1, 2022, providers will be able to use the Medical Policy Router to search for Outpatient Prior Authorization Code List (Medical Policy 072)