BlueCare Plus Tennessee

SERVICES REQUIRING PRIOR AUTHORIZATIONS

This information may also be found on pages 131-132 of the 2018 BlueCare Plus HMO D-SNP℠ Provider Administration Manual.

Provider Types Affected

This is an informational guide for professionals, suppliers and providers submitting claims to BlueCare Plus (HMO SNP)℠.

What You Need to Know

Participating providers are responsible for obtaining the appropriate authorizations/advance determinations. Members or their representatives may also request authorizations or advance determinations. It is not the member's responsibility for obtaining prior authorization determinations.

Prior authorization for coverage and Medical Necessity is required for:

- All acute care medical, behavioral health facility, skilled nursing facility, rehabilitation facility inpatient admissions, and substance abuse
- Part B and specialty pharmacy medications
- Durable medical equipment - for purchase or rentals if the purchase price is greater than $500
- Orthotics and prosthetics if the purchase price is greater than $200
- Speech, occupational and physical therapy
- High tech imaging
- Non-emergent out-of-network services
- Psychiatric Residential Facilities
- Detoxification Services
- Partial Hospitalization Program (PHP)
- Psychiatric Day Treatment
- Applied Behavioral Health Analysis
- Electroconvulsive Therapy
- Psychological Testing
- Home Health Services to include all therapies, nursing visits and psychiatric visits

REQUESTING PRIOR AUTHORIZATIONS

A member, designated member advocate, practitioner or facility may requests a prior authorization review. However, it is ultimately the facility and practitioner's responsibility to contact BlueCare Plus HMO D-SNP to request an authorization and to provide the clinical and demographic information that is required to complete the authorization.

Scheduled admissions/services must be authorized up to twenty-four (24) hours prior to admission. Prior authorization requests for emergency admissions should be submitted within twenty-four (24) hours or one (1) business day after services have started is suggested in order to facilitate referrals to the appropriate care management program.

When a request for an authorization of a procedure, admission/service is denied, the penalty for not meeting authorization guidelines will apply to both the facility and the practitioner rendering the care for the day(s) or service(s) that have been denied. BlueCare Plus's non-payment is applicable to both the facility and practitioner rendering the care.

Prior authorizations are approvals in advance for certain services drugs. Covered services that require prior authorization are identified above.

Notification and authorization requests should be submitted to BlueCare Plus HMO D-SNP as follows:

- Online: Availity – https://www.availity.com/bcbst
- Inpatient Admissions may be requested by telephone: 1-866-789-6314
- Fax: 1-866-325-6698
- Authorization fax forms are available at: http://bluecareplus.bcbst.com/provider- resources/education.html