



2017 Prior Authorization Requirements

The Baptist Health Plan (BHP) list of medical services and specialty medications that require prior authorization (PA) has been updated. The effective date is **January 1, 2017**.

Please review carefully for any changes/updates.

PA is the process of a member's provider/physician requesting an authorization from BHP for any service listed on the PA list *before* the service is rendered. ***Only those services listed on the PA list require PA.***

Failure to request or obtain prior authorization for services listed on the PA list may result in additional member payments, reduced Plan payments or claim denial. We recommend verifying benefits and authorization requirements prior to providing services.

BHP will not cover any service or supply, including treatment, procedures, hospitalizations, drugs, equipment, diagnostic, biological products or medical devices used in or directly related to the diagnosis, evaluation or treatment of a disease, injury, illness or other health condition which BHP determines to be Experimental/Investigational as defined by the member's Certificate of Coverage.

Services not requiring PA may have post service claim edits that will be reviewed for medical necessity and/or benefit coverage.

All PAs are based on medical necessity and benefit limits and are not a guarantee of payment, payment level or member eligibility.

PA applies to all BHP products/plans and must be initiated by the ordering provider. **Self insured, employer sponsored programs for which BHP provides administrative services may customize their plans with different prior authorization requirements.**

If you have any questions or need additional information regarding the 2017 PA requirements, please contact **BHP's Customer Service Department at 800-787-2680 or 859-269-4475.**

The PA list is subject to change with notification.