What is “prior authorization”?
Simply stated, prior authorization* is making sure certain health care services are reviewed by the registered nurses and physicians at BlueCross BlueShield of Tennessee before they are performed to ensure that those services are done in the most appropriate way and that they meet medical standards.

Why is obtaining prior authorization important?
Prior authorization provides you with peace of mind. Because hospital stays, outpatient services and home health care can be expensive and stressful, it helps to know you have a specialized team of health care professionals at BlueCross BlueShield of Tennessee making sure the care you receive is the type that you need.

How does one receive prior authorization?
Call the toll-free number listed on the back of your BlueCross BlueShield of Tennessee member ID card. This is especially important if you use an out-of-network provider or a provider outside the state of Tennessee.

What else do I need to know about prior authorization?
Receiving prior authorization helps keep your health care costs in line. Most benefits plans require it before you are admitted to a hospital, skilled nursing facility or rehabilitation facility, or before you receive a 23-hour observation stay, home health services, home infusion therapy, and certain outpatient services. If you do not receive prior authorization for these services, you will often have to pay all or a larger share of costs for that care. Prior authorization requests are reviewed by a staff of trained registered nurses under the direction of a physician medical director. Only a physician can deny a prior authorization.

Important Reminder About Emergencies
Seek care immediately if you have a health emergency. If you are admitted to a hospital due to an emergency, be sure BlueCross BlueShield of Tennessee is notified within 24 hours of your admission.

* Your benefit plan may also call this process Prior Approval or Pre-Admission Certification.