

HMO BLUE TEXAS PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS

Effective Until June 25, 2007

Out-of-Network/Out-of-Plan Services always require medical management review. If no preauthorization or referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement.

HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network **must refer** care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network.

In-Network/In-Plan Outpatient Surgical Procedures do not require preauthorization, except procedures listed on the HMO Blue Texas Outpatient Procedure Preauthorization List on page 3. Please note that if an unplanned procedure (included on the preauthorization list on page 3) is determined to be urgently necessary during the original outpatient procedure (not requiring preauthorization), the Physician/Professional Provider must contact the Utilization Management Department within 48 hours after the procedure for a medical necessity determination.

PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS IN BLUELINK	PREAUTHORIZATION	REFERRAL
1. Facility Admissions - Hospital - Rehab - Skilled Nursing	<ul style="list-style-type: none"> BlueLINK Notification for Selected Facility Admissions 	<ul style="list-style-type: none"> Certain Facility Admissions Require Medical Management Review 	
2. Obstetrical Care	<ul style="list-style-type: none"> BlueLINK Maternity Notification 		
3. Hospice	<ul style="list-style-type: none"> BlueLINK Notification 		
4. Pain Management		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review. 	
5. Cardiac Rehabilitation Preauthorization is not required for In-Network/In-Plan outpatient cardiac rehabilitation		<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no preauthorization is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network. 	
6. High Tech Outpatient Diagnostic Radiology Procedures*		<ul style="list-style-type: none"> Call American Imaging Management (AIM) for preauthorization at 1-800-859-5299. 	
7. Outpatient Surgery Preauthorization is required for outpatient procedures on the "HMO Blue Texas Outpatient Procedure Preauthorization List" on page E - 5.		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review 	
8. In-Network/In-Plan Services	<ul style="list-style-type: none"> BlueLINK Referral for ALL Primary Care Physicians (PCP) Referrals to Specialists Outside of the PCP's Call Group/Back ups 		
9. Out-of-Network/Out-of-Plan Services		<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no preauthorization is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network. 	<ul style="list-style-type: none"> Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits (or no network benefits for members with POS Rider) are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians/Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians/Professional Providers contracted in the same Provider Network.
10. Durable Medical Equipment (DME) including Orthotics and Prosthetics (rental or purchase)		<ul style="list-style-type: none"> Preauthorization Requires Medical Management Review Except for the following items, which do not Require Preauthorization: <ul style="list-style-type: none"> Nebulizers Canes Walkers Crutches Commode Chairs Cervical Traction Units 	

*High tech outpatient diagnostic radiology procedures (CT scans, MRI/MRA scans, Nuclear Cardiology studies and PET scans) in the following Dallas/Ft. Worth counties require preauthorization: Collin, Dallas, Denton, Ellis, Grayson, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise. For preauthorization, call American Imaging Management (AIM) at 1-800-859-5299.

