BlueCross BlueShield of Texas

PRIOR AUTHORIZATION SERVICES
FOR FULLY INSURED & CERTAIN
ADMINSTRATIVE SERVICES GROUPS
and OTHER ADMINISTRATIVE SERVICES ONLY MEMBERS
Effective 01/01/2027

- Health care providers who are part of an HMO Limited Provider Network must refer care to health care providers in the same Limited Provider Network.
- Not all requirements apply to each product (Blue Choice PPO℠, Blue Essentials℠, Blue Premier℠, Blue Advantage HMO℠ or MyBlue Health℠ or Blue High Performance Network®).
- It is imperative that providers check eligibility and benefits and verify prior authorization requirements through Availity® Essentials to determine whether a service requires prior authorization. Refer to the Utilization Management page on the provider website for more information.
- Prior authorization may be required for certain services when rendered out-of-network or out-of-state, depending on the member's benefits. Please check eligibility and benefits before rendering services out-of-network or out-of-state.

The following services may require prior authorization based on the member's benefit plan:

Inpatient Medical/Surgical Facility Admissions Including Transfers *(Request prior authorization through BCBSTX) **

- Acute Care/Hospital
- Hospice Care
- Long Term Acute/Sub-acute Care
- Rehabilitation Facility
- Skilled Nursing Facility

**Code list not available.*

- Notification is not required for unplanned or emergency inpatient hospital care (surgical, non-surgical), including emergency admissions. However, notification of admission to the facility is encouraged within 48 hours of admission to prevent post-service medical necessity reviews that may result in an adverse determination.

Outpatient Medical/Surgical Services for FI & ASO Members (through Carelon Medical Benefits Management or BCBSTX as indicated below)[2]

- Advanced Imaging / Radiology, Cardiology (Carelon) (Cardiology codes only for ASO)
- Molecular Genetic Lab Testing (Carelon)
- Musculoskeletal - Joint, Spine Surgery, Musculoskeletal - Pain (Carelon)
- Radiation Therapy / Radiation Oncology (Carelon)
- Sleep (Carelon)

Select Outpatient Services in the following categories until 2027 renewal- (see code list below for specific services that require PA) **:

- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Wound Care

Outpatient Utilization Management after 2027 renewal **

Other services that require prior authorization include, but are not limited to:

- Durable Medical Equipment (varies by plan design)[1]
- Home Health Services (for ASO only)
- Private Duty Nursing
- Home Hemodialysis* (for ASO only)
- Home Hospice* (for ASO only)
- Home Infusion Therapy (HIT)*
- Medical Transportation *(through Alacura Medical Transportation Management)* [2]
- Transplant Evaluations and Transplants

[1]*Codes not available.*

Note: Click here to download a list of Outpatient procedure codes that requires Prior Authorization for Fully Insured and certain ASO Groups.

Reminder: While some services may not require prior authorization, like the ones listed below, they may be reviewed against member benefit limits or certain conditions. If you have questions, contact the number on the member's ID card.

- Chiropractic Services
- Occupational Therapy/Physical Therapy/Speech Therapy

[2]Note: Click here to download a list of Outpatient procedure codes that require Prior Authorization for Other ASO Members

- Non-emergent Fixed-Wing Air Ambulance

Mental Health and Substance Use Disorder Facility Admissions *(Request prior authorization through BCBSTX)**

- Residential Treatment Center (RTC)
- Inpatient Facility Admission
  - Notification is not required for unplanned or emergency inpatient hospital care (mental health and/or substance use disorder), including emergency admissions. However, notification of admission to the facility is encouraged.
- **Mental Health and Substance Use Disorder Services Outpatient** *(through BCBSTX)*
- Applied Behavioral Analysis (ABA)**
- Intensive Outpatient Treatment*
- Partial Hospitalization*
- Repetitive Transcranial Magnetic Stimulation**

[1]*Codes not available.*
[2]*Note: Click here to view or download a list of Mental Health procedure codes that require Prior Authorization for Other ASO Members.*

Specialty Pharmacy Medications that are covered by Medical Benefits

- Infusion Site of Care - medical necessity review required for therapy and for place of infusion.
- Medical Oncology & Supportive Care (through Carelon) – medical necessity review required for oncology drugs that are supported by an oncology diagnosis.
- Provider Administered Drug Therapies - medical necessity review required for therapy only.

Pharmacy Benefits (Prime):[3]
Prior authorization is required for some medications before the drug will be covered. Check the drug list to determine whether prior authorization is required for a specific drug.

[3]Note: Click here to view Prior Authorization/Step Therapy Program information to determine if the drug require Prior Authorization under Pharmacy Benefits.

For a comprehensive list of services that might require Prior Authorization and an overview of the Prior Authorization process and requirements, visit
https://www.bcbstx.com/provider/claims/claims-eligibility/um

MEDICAL/SURGICAL SCREENING CRITERIA

- MCG Care Guidelines
- BCBSTX Medical Policies
- American Society of Addiction Medicine Criteria
- Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Substance Use Disorder Treatment Centers for CD service provided in Texas
- Carelon Medical Benefits Management (vendor solution): Carelon Evidence-based Guidelines

MENTAL HEALTH SCREENING CRITERIA

- MCG Care Guidelines
- BCBSTX Medical Policies
- Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Substance Use Disorder Treatment Centers
- American Society of Addiction Medicine Criteria
- Magellan Health (vendor solution for certain plans):
  - Magellan Healthcare Guidelines
  - American Society of Addiction Medicine Criteria

PHARMACY SCREENING CRITERIA

- For the Provider Administered Drug Therapy Reviews, the screening criteria used are contained within BCBSTX Medical Policies which include the statement:
- Medical policies are a set of written guidelines that support current standards of practice. They are based on current peer-reviewed scientific literature. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency, and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and nationally recognized authoritative references. These references include, but are not limited to: MCG care guidelines, DrugDex (IIb level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines and CMS coverage policy.
- Due to the above, Provider Administered Drug Therapy Reviews also leverages information contained within the package insert, NCCN, DrugDex, etc. in addition to the medical policies themselves.
- Click here to review clinical criteria applied for drugs covered by Pharmacy Benefits.

[4]Applicable ASO Accounts:
- BCS - TEGNA, INC – Supplemental Plans
- Speaking Rock Entertainment Center

Alacura Medical Transportation Management, LLC. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide utilization management services for members with coverage through BCBSTX.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

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