BlueCross BlueShield of Texas

Posted 09/2022

PRIOR AUTHORIZATION SERVICES
FOR FULLY INSURED & CERTAIN ADMISTRATIVE SERVICES (ASO) GROUPS
EFFECTIVE 09/18/2022 AND 10/01/2022

- 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 through Availity® Essentials to determine if a service required prior authorization. Refer to the Utilization Management page on the provider website for more information.
- For elective inpatient services that do not require a prior authorization, refer to Recommended Clinical Review Elective Inpatient Services
- All unplanned inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Notification must be made within 48 hours admission to the facility.

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

Effective 09/18/2022, Outpatient Medical/Surgical Services *(through AIM or BCBSTX as indicated below)***

- Advanced Imaging / Radiology, Cardiology (AIM)
- Molecular Genetic Lab Testing, Molecular Genetic Lab Testing (AIM)
- Musculoskeletal - Joint, Spine Surgery, Musculoskeletal - Pain (AIM)
- Radiation Therapy / Radiation Oncology (AIM)
- **Select Outpatient Services including but not limited to: (BCBSTX)**
  - Cardiology – Lipid Apheresis
  - Ear, Nose and Throat
  - Gastroenterology
  - Neurology
  - Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw, Obesity)
  - Pain Management
  - Sleep Studies
  - Wound Care

Other services that require Prior Authorization includes but not limitedto:

- Home Health Services including but not limited to home private duty nursing (PDN), home infusion therapy (HIT) and PT/OT/ST*
- Home Hemodialysis*
- Home Hospice*
- Home Infusion Therapy (HIT)*
- Non-Emergent Air Ambulance**
- Transplant Services, Transplant Evaluations and Transplants*
- Out-of-Network/Out-of-Plan Services*
  - Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center
  - Dialysis obtained from an Out-of-Network-Provider*

**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.*

Pharmacy Benefits (Prime):***

Prior Authorization is required on some medications before drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug.

****Note: Click here to view Drug Lists and determine if the drug requires Prior Authorization under Pharmacy Benefits for Fully Insured (FI) and certain ASO Groups.*

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 AIM*) – *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*

Behavioral Health and Chemical Dependency Services:

- Applied Behavioral Analysis (ABA)**
- Electroconvulsive Therapy**
- Intensive Outpatient Treatment*
- Psychological Testing/Neuropsychological Testing**
- Repetitive Transcranial Magnetic Stimulation**
- Partial Hospitalization*

**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.*

For a comprehensive list of services that might require Prior Authorizationand an overview of the Prior Authorization process and requirements, visithttps://www.bcbstx.com/provider/claims/um.html

Effective 10/01/2022, Inpatient Medical/Surgical Facility Admissions Including Transfers will no longer require Prior Authorization

- Acute Care / Hospital (Hospice, Maternity, Medical, Surgical, Transplant)
- Long Term Acute Care / Sub-acute
- Rehabilitation Facility
- Skilled Nursing Facility

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PRIOR AUTHORIZATION SCREENING CRITERIA FOR FULLY INSURED CERTAIN ADMISTRATIVE SERVICES (ASO) GROUPS EFFECTIVE 09/18/2022

MEDICAL/SURGICAL SCREENING CRITERIA	BEHAVIORAL HEALTH SCREENING CRITERIA
• MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • American Society of Addiction Medicine (ASAM) Criteria • Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency (CD) Treatment Centers for CD service provided in Texas • AIM Specialty Health (AIM) (vendor solution): AIM Evidence-based Guidelines	• MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • Texas Department of Insurance (DOI) Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers Magellan Health (vendor solution for certain plans): • Magellan Healthcare Guidelines • American Society of Addiction Medicine (ASAM) 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.

**Applicable Administrative Services Only Accounts*

- BCS - GANNETT EXECUTIVES - SUPPLEMENTAL PLANS - GROUP # 193211
- BCS - TEGNA, INC - SUPPLEMENTAL PLANS - GROUP # 193219
- SPEAKING ROCK ENTERTAINMENT CENTER - GROUP # 290491