



**HealthSelectSM of Texas In-Area (Texas)
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST
Effective August 1, 2018**

- **HealthSelect of Texas** requires referrals from a Primary Care Physician (PCP) using the Blue EssentialsSM provider network for network benefits.
- **Prior Authorization requires Medical Management Review.**
- **Out-of-Network Services that require Prior Authorization always require Medical Management Review.** If no prior authorization is obtained for Out-of-Network Services requiring Prior Authorization (See #6 below), benefits may be reduced or denied. Emergency Services are an exception to this requirement.
- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 6 below regarding out-of network referrals).
- **If Medicare is Primary, no referrals or prior authorizations are required.**

PRIOR AUTHORIZATION REQUIREMENTS through eviCore

Outpatient Only 1. Molecular and genomic testing 2. Radiation oncology for all outpatient and office services 3. Advanced Radiology Imaging 4. Sleep Studies and Sleep Durable Medical Equipment (DME) (No prior authorization required for the resupply of Sleep DME supplies effective 8/1/2018)	Requires contacting eviCore for Prior Authorization at evicore.com or 855-252-1117 Note: For specific codes that apply, please visit https://www.evicore.com/healthplan/bcbs on eviCore.com or call toll-free 855-252-1117.
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PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS through iExchange / Medical Management	PRIOR AUTHORIZATION through iExchange / Medical Management	REFERRAL through iExchange / Medical Management
1. Inpatient Facility Admissions Including Transfers (In-Network) including but not limited to: <ul style="list-style-type: none"> - Hospital - Rehab - Long Term Acute Care / Sub-acute Inpatient admissions - Inpatient hospice and rehabilitation - Skilled nursing (facility-based) - Congenital Heart Disease Services - Reconstructive Procedures (including but not limited to breast reduction surgery - Transplant Services - Orthognathic Surgery 	Prior Authorization Requires Medical Management Review. Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.	Referral required from PCP to Specialist for network services .
2. Obstetrical Care	Maternity notification	For Out-of- Network referrals See #6

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- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 6 below regarding out-of network referrals).
- **If Medicare is Primary, no referrals or prior authorizations are required.**

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3. Outpatient <ul style="list-style-type: none"> - Private duty nursing - Home infusion therapy (Out-of-Network/Out-of-Plan not covered) - Home health (Exception: Home Dialysis - no prior authorization required) - Select durable medical equipment (DME) greater than \$1,000 (including but not limited to prosthetic devices) - Non-Emergent Air and Ground Ambulance - Congenital Heart Disease Services - Reconstructive Procedures (including but not limited to breast reduction surgery) - Transplant Services - Outpatient Surgery - Facility setting (Including but not limited to: diagnostic catheterization, electrophysiology implant and sleep apnea). - Orthognathic Surgery - Specialty Drugs (See List for Qualifying Drugs) - Physical Therapy/Speech Therapy/Occupational Therapy 	<p>Prior Authorization Requires Medical Management Review.</p> <p>Initial visits for physical therapy, speech therapy, and occupational therapy do not require a Prior Authorization. All subsequent visits will require an approved Prior Authorization to include a treatment plan.</p> <p>Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</p>	<p>Referral required from PCP to Specialists for network services.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • Physical therapy, occupational therapy and speech therapy do not require a referral, but do require Prior Authorization for subsequent visits. • Chiropractor • OB-Gyn • Retail Health • Therapeutic Optometrist or Ophthalmologist (Routine or diagnostic exams) • Urgent Care Providers • Mental Health Counseling • Doc on Demand • MD Live
4. Bariatric Surgery (Out-of-Network/Out-of-Plan not covered) (Only covered at Centers of Excellence by In-Network Physicians)	<p>Prior Authorization Requires Medical Management Review.</p> <p>Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</p>	<p>Referral required from PCP for Specialist for network services.</p>
5. In-Network	<p>Refer to specific service on this Prior Authorization list</p> <p>Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</p>	<p>Referral required from PCP to Specialists for network services.</p>
6. Out-of-Network	<p>Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.</p>	<p>Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required. Prior Authorization may still be required. Emergency services are an exception to this requirement.</p>



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- **Out-of-Network Services that require Prior Authorization always require Medical Management Review.** If no prior authorization is obtained for Out-of-Network Services requiring Prior Authorization (See #6 below), benefits may be reduced or denied. Emergency Services are an exception to this requirement.
- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 6 below regarding out-of network referrals).
- **If Medicare is Primary, no referrals or prior authorizations are required.**

**Delegated to Magellan – Behavioral Health (BH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays.
Call Magellan at 800-442-4093.**

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1. Inpatient Facility Admissions Including Transfers (In-Network) <ul style="list-style-type: none"> - Neurobiological Disorders - Substance Abuse Disorders - Serious Mental Illness 2. Outpatient Behavioral Health Services <ul style="list-style-type: none"> - (Including Intensive Outpatient Program (IOP) for MH and SUD; Psychological and Neuropsychological Testing; Repetitive Transcranial Magnetic Stimulation (rTMS); Electro-Convulsive Therapy (ECT); and Applied Behavioral Analysis (ABA), for Autism Spectrum 	Prior authorization is required (Please call Magellan). Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied and the participant will be held harmless in all instances.	PCP referral not required.