BlueCross BlueShield of Texas

TX HB3459 Provider PA Exemption Appeal Form

This PA Exemption Appeal Form is only to be leveraged to request an appeal for a denied PA Exemption for a specific treatment setting or care category and must be submitted with prior authorization data supporting:

- TX professionals and facilities with a **minimum of 5 prior authorizations that at least 90% of their prior authorization requests approved** for a particular health care service in the last 6 months
- TX HB3459 created a requirement for third-party payers to grant Prior Authorization Exempt status for elective services and/or admissions to various levels of care for providers and facilities that meet high standards.

For Additional Information on HB3459 & PA Exemptions, providers can visit https://www.bcbstx.com/provider/claims/claims-eligibility/um/pa-exemptions-hb3459.

Appeal Reason:

☐ PA Exemption Appeal of Denial

Describe your Appeal below:

Is this appeal related to a Facility or Professional Exemption?

Select One:

☐ Facility

☐ Professional

Which Care Category is this appeal related to?

Select One:

☐ Physical Health

☐ Behavioral Health

☐ Pharmacy/Specialty Review Unit (SRU)

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Physical Health

Treatment Setting:
Elective Inpatient

Select Care Category (for Inpatient Acute):

- ☐ Medical
- ☐ Hospice
- ☐ Maternity
- ☐ Surgical
- ☐ Transplant

Elective Inpatient Post-Acute

Select Care Category (for Post-Acute):

- ☐ Long Tern Acute Care Facility (LTAC)
- ☐ Rehab
- ☐ Skilled Nursing Facility (SNF)

Elective Outpatient

Select Care Category (for Outpatient):

- ☐ Breast Surgery
- ☐ Cardiology
- ☐ Ear, Nose, Throat (ENT)
- ☐ Gastroenterology
- ☐ Joint/Spine Surgery
- ☐ Molecular Genetic Lab Testing
- ☐ Neurology
- ☐ Orthognathic Surgery/Oral Surgery
- ☐ Orthopedic Musculoskeletal
- ☐ Pain Management
- ☐ Radiation Therapy/Radiation Oncology
- ☐ Sleep Medicine
- ☐ Transplant
- ☐ Wound Care
- ☐ Durable Medical Equipment (DME)
- ☐ Home Infusion
- ☐ Home Nursing Visit
- ☐ Home Hospice
- ☐ Private Duty Nursing (PDN)
- ☐ PT/OT/ST (Includes Home/Outpatient)
- ☐ Air Ambulance Fixed Wing
- ☐ Home Hemodialysis

Behavioral Health

Treatment Setting:
Elective Inpatient Post-Acute

Select Care Category (for Post-Acute):

- ☐ Inpatient Rehab
- ☐ Residential Treatment Center

Elective Outpatient

Select Care Category (for Outpatient):

- ☐ Electroconvulsive Therapy (ECT)
- ☐ Applied Behavior Analysis (ABA)
- ☐ Psychological Testing
- ☐ Partial Hospitalization Program (PHP)
- ☐ Intensive Outpatient Program (IOP)

Specialty Review Unit (SRU)

Treatment Setting:
Elective Outpatient

Select Care Category (for Outpatient):

- ☐ Infusion Site of Care
- ☐ Medical Oncology & Supportive Care
- ☐ Provider Administered Drug Therapy
- ☐ Specialty Drugs

Detailed Category:

- ☐ Angiogenesis Inhibitor
- ☐ Asthma Agent
- ☐ Biologic Response Modifier
- ☐ Blood Modifier
- ☐ Botulinum agent
- ☐ CAR-T therapy
- ☐ CNS agent
- ☐ Enzyme Replacement
- ☐ Gene therapy
- ☐ Hereditary Angioedema (HAE) agent
- ☐ Hormone Modifier
- ☐ Immunoglobulin Replacement
- ☐ Oncology Only
- ☐ Miscellaneous

Professional or Facility Name:	Network Status: INN or OON
National Provider Identification (NPI) (Individual):	Tax ID Number (TIN):
Attending Professional or Facility Specialty:	

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Preferred Communication

How would you like to receive response to your appeal form from Blue Cross and Blue Shield of Texas?

Select One & Provide Detail

☐ EMAIL (if different from sender's email address)

☐ MAIL

Enter Email (if different from sender's email address):
Enter Mailing Address:
Person Completing Form (Name/Title):

Return completed form to: TX_PA_Exemption_Inquiries@BCBSTX.com

Professionals can also file a complaint with TDI at https://www.tdi.texas.gov/consumer/health-complaints.html.