BlueCross BlueShield of Texas

# Texas Provider Prior Authorization Exemption Appeal Form

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

- Texas 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.
- Third-party payers must 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 prior authorization exemptions, providers can visit.
https://www.bcbstx.com/provider/claims/claims-eligibility/um/pa-exemptions

### Appeal reason:

☐ Prior Authorization 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

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
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760387.0825

## Physical Health

**Elective Outpatient**

Select Care Category (for Outpatient):

- ☐ Advanced Imaging. Radiology, Hi-Tech Radiology, Cardiology
- ☐ Breast Surgery
- ☐ Cardiology
- ☐ Ear, Nose, Throat
- ☐ Gastroenterology
- ☐ Home Health, Hospice Care
- ☐ Home Hemodialysis
- ☐ Home Infusion Therapy
- ☐ Medical Transportation
- ☐ Molecular & Genomic Testing, Molecular Genetic Lab Testing
- ☐ Musculoskeletal Joint, Spine Surgery and Pain
- ☐ Neurology
- ☐ Orthognathic Surgery/Oral Surgery
- ☐ Outpatient Surgery (Deactivation of Headache Triggers)
- ☐ Pain Management
- ☐ Private Duty Nursing
- ☐ Radiation Therapy/Radiation Oncology
- ☐ Sleep, Sleep Studies & Sleep Durable Medical Equipment
- ☐ Transplant Services, Evaluations and Transplants
- ☐ Wound Care

## Behavioral Health

**Elective Outpatient**

Select Care Category (for Outpatient):

- ☐ Electroconvulsive Therapy
- ☐ Applied Behavior Analysis
- ☐ Psychological Testing
- ☐ Partial Hospitalization Program
- ☐ Intensive Outpatient Program

## Specialty Review Unit

**Treatment Setting:**
**Elective Outpatient**

Select Care Category (for Outpatient):

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

**Detailed Category:**

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

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

# Preferred Communication

## How would you like to receive response to your appeal form?

Select one:

- ☐ 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**.