

TX HB3459 Provider PA Exemption Inquiry Form

This exemption provider inquiry is only to be leveraged for questions specific to a provider's PA exemption status or PA exemption review.

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.

TXHB3459 applies to:

- 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

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

Inquiry Reason:

Select One:

- No Exemption Received
- Question Re: Exemption Received
- Exemption **Renewal** Review

Describe your Inquiry below:

Is this inquiry related to a Facility or Professional Exemption?

Select One:

- Facility
- Professional

Which Care Category is this inquiry related to?

Select One:

- Physical Health
- Behavioral Health
- Pharmacy/Specialty Review Unit (SRU)

<p>Physical Health</p> <p>Treatment Setting:</p> <p>Elective Inpatient</p> <p>Select Care Category (for Inpatient Acute):</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Surgical</p> <p><input type="checkbox"/> Transplant</p> <p>Elective Inpatient Post-Acute</p> <p>Select Care Category (for Post-Acute):</p> <p><input type="checkbox"/> Long Term Acute Care Facility (LTAC)</p> <p><input type="checkbox"/> Rehab</p> <p><input type="checkbox"/> Skilled Nursing Facility (SNF)</p> <p>Elective Outpatient</p> <p>Select Care Category (for Outpatient):</p> <p><input type="checkbox"/> Breast Surgery</p> <p><input type="checkbox"/> Cardiology</p> <p><input type="checkbox"/> Ear, Nose, Throat (ENT)</p> <p><input type="checkbox"/> Gastroenterology</p> <p><input type="checkbox"/> Joint/Spine Surgery</p> <p><input type="checkbox"/> Molecular Genetic Lab Testing</p> <p><input type="checkbox"/> Neurology</p> <p><input type="checkbox"/> Orthognathic Surgery/Oral Surgery</p> <p><input type="checkbox"/> Orthopedic Musculoskeletal</p> <p><input type="checkbox"/> Pain Management</p> <p><input type="checkbox"/> Radiation Therapy/Radiation Oncology</p> <p><input type="checkbox"/> Sleep Medicine</p> <p><input type="checkbox"/> Transplant</p> <p><input type="checkbox"/> Wound Care</p> <p><input type="checkbox"/> Durable Medical Equipment (DME)</p> <p><input type="checkbox"/> Home Infusion</p> <p><input type="checkbox"/> Home Nursing Visit</p> <p><input type="checkbox"/> Home Hospice</p> <p><input type="checkbox"/> Private Duty Nursing (PDN)</p> <p><input type="checkbox"/> PT/OT/ST (Includes Home/Outpatient)</p> <p><input type="checkbox"/> Air Ambulance Fixed Wing</p> <p><input type="checkbox"/> Home Hemodialysis</p>	<p>Behavioral Health</p> <p>Treatment Setting:</p> <p>Elective Inpatient Post-Acute</p> <p>Select Care Category (for Post-Acute):</p> <p><input type="checkbox"/> Inpatient Rehab</p> <p><input type="checkbox"/> Residential Treatment Center</p> <p>Elective Outpatient</p> <p>Select Care Category (for Outpatient):</p> <p><input type="checkbox"/> Electroconvulsive Therapy (ECT)</p> <p><input type="checkbox"/> Applied Behavior Analysis (ABA)</p> <p><input type="checkbox"/> Psychological Testing</p> <p><input type="checkbox"/> Partial Hospitalization Program (PHP)</p> <p><input type="checkbox"/> Intensive Outpatient Program (IOP)</p>	<p>Specialty Review Unit (SRU)</p> <p>Treatment Setting:</p> <p>Elective Outpatient</p> <p>Select Care Category (for Outpatient):</p> <p><input type="checkbox"/> Infusion Site of Care</p> <p><input type="checkbox"/> Medical Oncology & Supportive Care</p> <p><input type="checkbox"/> Provider Administered Drug Therapy</p> <p><input type="checkbox"/> Specialty Drugs</p> <p>Detailed Category:</p> <p><input type="checkbox"/> Angiogenesis Inhibitor</p> <p><input type="checkbox"/> Asthma Agent</p> <p><input type="checkbox"/> Biologic Response Modifier</p> <p><input type="checkbox"/> Blood Modifier</p> <p><input type="checkbox"/> Botulinum agent</p> <p><input type="checkbox"/> CAR-T therapy</p> <p><input type="checkbox"/> CNS agent</p> <p><input type="checkbox"/> Enzyme Replacement</p> <p><input type="checkbox"/> Gene therapy</p> <p><input type="checkbox"/> Hereditary Angioedema (HAE) agent</p> <p><input type="checkbox"/> Hormone Modifier</p> <p><input type="checkbox"/> Immunoglobulin Replacement</p> <p><input type="checkbox"/> Oncology Only</p> <p><input type="checkbox"/> Miscellaneous</p>
--	--	---

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

Preferred Communication

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

Select One & Provide Detail

- EMAIL (if different from sender's email address)
- FAX
- MAIL

Enter Email:

Enter Fax:

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>.