

**BLUE CROSS AND BLUE SHIELD OF TEXAS
PRIOR AUTHORIZATION EXEMPTION
OUTPATIENT CARE CATEGORIES LIST EFFECTIVE 09/01/2024**

BEHAVIORAL HEALTH OUTPATIENT CARE CATEGORY
Applied Behavior Analysis (ABA) - Mental Health
Electroconvulsive Therapy (ECT) - Mental Health
Intensive Outpatient Treatment - Mental Health
Intensive Outpatient Treatment - Substance Use Disorder
Partial Hospitalization - Mental Health
Partial Hospitalization - Substance Use Disorder
Psychological and Neuropsychological Testing – Mental Health
Psychological and Neuropsychological Testing - Substance Abuse Disorder
Repetitive Transcranial Magnetic Stimulation (rTMS) -Mental Health

PHYSICAL HEALTH OUTPATIENT CARE CATEGORY
Advanced Imaging/Radiology, Hi-Tech Radiology, Cardiology ¹
Cardiology - Lipid Apheresis
Ear, Nose and Throat
Gastroenterology
Home Health, Hospice Care
Home Hemodialysis
Home Infusion Therapy (HIT)
Infusion Site of Care
Medical Oncology & Supportive Care ^{1a}
Molecular & Genomic Testing, Molecular Genetic Lab Testing ¹ ,
Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain ¹
Neurology
Non-Emergent Air and Ground Ambulance, Non-Emergent Air Ambulance
Orthognathic Surgery, Outpatient Surgery (Jaw)
Outpatient Surgery
Outpatient Surgery (Breast)
Outpatient Surgery (Deactivation of Headache Triggers)
Pain Management
Private Duty Nursing (PDN)
Provider Administered Drug Therapy

**BCBSTX
PRIOR AUTHORIZATION EXEMPTION
OUTPATIENT CARE CATEGORIES LIST EFFECTIVE 09/01/2024, cont.**

PHYSICAL HEALTH OUTPATIENT CARE CATEGORY
Radiation Therapy / Radiation Oncology ¹
Reconstructive Procedures
Sleep, Sleep Studies & Sleep DME ¹
Specialty Drugs ^{1a}
Transplant Services, Transplant Evaluations and Transplants
Wound Care

Services may apply to:

¹ Services are administered by Carelon Medical Benefit Management

^{1a} Services may be administered by BCBSTX or Carelon.