



Commercial and Government Programs Benefit Prior Authorization Requirements Summary

This document provides pre-service review guidelines, important reminders, exceptions and related resources.

Pre-Service Review Guidelines	
<p>Check Eligibility and Benefits It is imperative to check eligibility and benefits to determine if prior authorization is required and verify if the provider is in-network for member's plan before services are rendered.</p>	<ul style="list-style-type: none"> • Online – Check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor. Availity allows prior authorization determination by procedure code and providers can submit requests using the Availity Authorization & Referral tool. Refer to the Education and Reference Center on our provider website for links organized by specialty to Availity Eligibility and Benefits Tip Sheets. • By Phone – If you do not have online access, check eligibility and benefits by calling BCBSTX's Interactive Voice Response (IVR) automated phone system at 1-800-451-0287.
<p>Obtain Prior Authorization (if required) Prior authorization requirements are specific to the patient's policy type and procedure being rendered. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment, and the rendering provider may not seek reimbursement from the member. <i>Prior authorization is not a substitute for checking eligibility and benefits</i></p>	<p>If prior authorization is required through eviCore®:</p> <ul style="list-style-type: none"> • To view codes – Refer to the eviCore implementation site. • Obtain prior authorization through eviCore: Online – eviCore Healthcare Web Portal available 24/7. By Phone – 1-855-252-1117, 7 a.m. - 7 p.m. (CT), Mon - Fri. <p>If prior authorization is required through AIM Specialty Health® (AIM):</p> <ul style="list-style-type: none"> • To view services/procedures – Use Availity® Provider Portal or your preferred vendor. Also, refer to Utilization Management - Prior Authorization & Predeterminations on the BCBSTX provider website. • To obtain prior authorization through AIM: Online – AIM Provider Portal available 24/7 By phone – 1-800-859-5299 Mon – Fri, 6 a.m. to 6 p.m. CT. Sat-Sun and Holidays, 9 a.m. to 12 p.m. <p>If prior authorization is required through BCBSTX:</p> <ul style="list-style-type: none"> • To view services/procedures – Use Availity® Provider Portal or your preferred vendor. Also, refer to Utilization Management - Prior Authorization & Predeterminations on the BCBSTX provider website. • To obtain prior authorization through BCBSTX: Online – Use the Availity Authorization & Referrals tool via the Availity provider portal. By phone – Call the number on the member's ID card, or use BCBSTX's IVR at 1-800-451-0287 (See our Eligibility and Benefits IVR Caller Guide for instructions).
<p>Request Predetermination (if necessary) If prior authorization is not required, check the Medical Policy section of our Provider website to assess if predetermination may be needed.</p>	<ul style="list-style-type: none"> • Submit electronically - Availity Provider Portal using the Attachments Tool. Refer to the Provider Tools page for more information • Submit by fax – Submit a Predetermination Request Form to the fax number on the form to BCBSTX along with necessary supporting documentation. <p>Requests to review a previously denied predetermination of benefits request may be submitted by using the form via Availity Attachments tool. This information does not apply to Texas Medicaid or Medicare Advantage members. <i>Predetermination is not a substitute for eligibility and benefits verification or prior authorization (if required).</i></p>

Please see last page for a list of the website links used above.

Blue Cross and Blue Shield of Texas (BCBSTX)
Commercial and Government Programs Benefit Prior Authorization Requirements

Important Reminders, Exceptions and Related Resources	
Inpatient Facility Admission Prior Authorization Requirements Summary	Prior Authorization through BCBSTX is required for Inpatient Hospital Admission and Rehabilitation, Residential Treatment Center, Partial Hospitalization, Skilled Nursing Facility, Long-term Acute Care, Coordinated Home Health Care and Inpatient Hospice (some employer groups). Refer to the Provider Manuals in the Standards and Requirements section for details.
High-tech Imaging Services -AIM Specialty Health® Radiology Quality Initiative (RQI) Program	For most PPO members, an RQI number must be obtained through AIM before ordering outpatient non-emergency CT/CTA scans, MRI/MRA scans, Nuclear Cardiology studies and PET scans. (<i>Note: Some groups also may require the use of AIM or other vendors for prior authorization/prenotification of Advanced Imaging services. Call the number on the member's ID card if you have questions.</i>)
Government Programs Prior Authorization Information	For BCBSTX Medicare Advantage plans, refer to the Blue Cross Medicare Advantage PPOSM and Blue Cross Medicare Advantage HMOSM Prior Authorization Requirements Lists under Utilization Management . For BCBSTX Medicaid plans, refer to the Prior Authorization Grid and Prior Authorization List under Clinical Resources on the BCBSTX Medicaid website.
Pharmacy Prior Authorization (PA) Program	Prime Therapeutics, our pharmacy benefit manager, conducts all reviews of pharmacy PA requests from physicians for BCBSTX members with prescription drug coverage. To learn more about how to submit an electronic pharmacy PA request, refer to the Pharmacy Programs section.
Behavioral Health Program - Use Availity to determine whether BCBSTX or Magellan Health manages prior authorization.	Behavioral health services may be managed by BCBSTX or Magellan Health Services depending on the member's plan, For prior authorization requirements and related processes refer to the Behavioral Health Program section. For behavioral health (mental health and substance use disorder) services managed by Magellan Health Services, call Magellan at 1-800-729-2422 . For BCBSTX managed services, refer to Obtain Prior Authorization on page 1,
Federal Employee Program® (FEP®)	For FEP members, eligibility and benefits can be obtained by calling 1-800-972- 8382 . For FEP members, you must call the local Blue Plan where services are being rendered for prior authorization, regardless of the state in which the member is insured.
Prior Authorization for Out-of-Area (BlueCard®) Members	For out-of-area Blue Plan member eligibility and benefits, call BlueCard Eligibility® at 1-800-676-BLUE (2583) . Use the Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members tool in the Standards and Requirements section to go to the member's Home Plan website. If prior authorization is required, see the Availity Authorizations User Guide (see quick tip on bottom of page 4).

Please see last page for a list of the website links used above.

Please note that verification of eligibility and benefits and/or the fact that a service has been prior authorized/pre-notified or an RQI number has been issued is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require prior authorization/pre-certification for imaging services from other vendors. If you have any questions, call the number on the member's ID card.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSTX.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.


AIM Specialty Health (AIM) is an operating subsidiary of Anthem and an independent third-party vendor that is solely responsible for its products and services. BCBSTX contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.


BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third-party vendors. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Blue Cross and Blue Shield of Texas (BCBSTX)

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WEBSITE:	LINK:
Availity® Provider Portal	https://www.availity.com 
Availity Authorizations & Referrals	https://www.bcbstx.com/provider/tools/availity-authorizations.html
BCBSTX Provider Website	https://www.bcbstx.com/provider/
Availity Eligibility and Benefits Tip Sheets	https://www.bcbstx.com/provider/claims/eligibility_and_benefits.html
eviCore Implementation Site	https://www.evicore.com/implementation 
eviCore Healthcare Web Portal	https://www.evicore.com/ 
Utilization Management - Prior Authorizations & Predeterminations	https://www.bcbstx.com/provider/claims/um.html
Eligibility and Benefits IVR Caller Guide	https://www.bcbstx.com/provider/pdf/ivr_elig_ben.pdf 
Medical Policy	http://www.medicalpolicy.hcsc.net/medicalpolicy/disclaimer?corpEntCd=TX1
Predetermination Request Form	https://www.bcbstx.com/provider/pdf/predeterminationform.pdf 
Standards and Requirements	https://www.bcbstx.com/provider/gri/index.html
AIM	http://aimspecialtyhealth.com/ 
Blue Cross Medicare Advantage PPO and Blue Cross Medicare Advantage Requirement List HMO Prior Authorization Requirement List	https://www.bcbstx.com/provider/clinical/pri_ppo_hmo.html
Medicaid Website (Utilization Management)	https://www.bcbstx.com/provider/medicaid/clinical.html
Pharmacy Programs	https://www.bcbstx.com/provider/pharmacy/index.html
Behavioral Health Program	https://www.bcbstx.com/provider/clinical/behavioral_health.html
Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members	https://www.bcbstx.com/provider/standards/mppc.html
Pre-Service Review for Out-of-Area Members Tip Sheet	https://www.bcbstx.com/provider/pdf/auth_user_guide.pdf 

 By clicking this link, you will go to a new website/app (“site”). This new site may be offered by a vendor or an independent third-party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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