

Predetermination is Changing to Recommended Clinical Review

Effective **Oct 1, 2022**, Blue Cross and Blue Shield of Texas (BCBSTX) introduced **Recommended Clinical Review (RCR)** for **inpatient services** that no longer required prior authorization. **Effective Jan. 1, 2023**, we are changing the name of our longstanding **outpatient** preservice review, previously called predetermination to **recommended clinical review**.

Key Points

- There are no changes to the RCR process for inpatient services previously effective 10/1/2022. Refer to the [RCR](#) page on the website for more information.
- Outpatient Recommended Clinical Review will follow the same process as the previous predetermination requests by submitting the Recommended Clinical Review Form.
- Recommended clinical reviews are optional medical necessity reviews conducted before services are provided. Submitting a request prior to rendering services informs you of situations where a service may not be covered based upon medical necessity.
- The service will be subject to post-service review if a provider does not elect to use recommended clinical review.
- Submitting a recommended clinical review evaluates the medical necessity of a service but does not guarantee the service will be covered under the members' benefit plans. The terms of the member's plan control the available benefits.

RCR Process

- Inpatient RCR's are submitted using [Availity Authorization and Referrals](#) tool or by calling the authorization number on the back of the member's ID card.
- For outpatient RCR's, use our [Recommended Clinical Review](#) form after Jan. 1, 2023. The form will be available on the [Forms](#) page in the Education and Reference section of our provider website.

For More Information

Learn more about our utilization management process, including prior authorization and recommended clinical review in the [Utilization Management](#) section of our provider website. Follow our [News and Updates](#) page for future updates.

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