

FAQ: TRANSITION OF CARE

What is transition of care?

If your provider is not in network with Blue Cross and Blue Shield of Texas, you may be eligible for transition of care benefits. Transition of care allows you to continue care for certain “covered health services” with your current provider at the in-network benefit level for a period of time. When this period of time ends, you must transfer to an in-network provider to continue to receive coverage at the in-network benefit level.

Who is eligible?

To be eligible for transition of care, you must have a current provider that doesn’t participate in the BCBSTX network, but is currently in-network with your current carrier, and:

- You/your covered dependent is undergoing a course of treatment for a serious and complex condition.
- You/your covered dependent is scheduled for nonelective surgery, including receipt of postoperative care.
- You/your covered dependent is pregnant and undergoing a course of treatment for the pregnancy.
- You/your covered dependent is or was determined to be terminally ill and is receiving treatment for such illness.

What if I am currently being treated in a hospital or other health care facility?

You don’t need to apply for transition of care benefits if you’re receiving services from a hospital or facility that requires precertification/prior authorization. For example, approvals may be in place for inpatient admissions and residential treatment center admissions. In these cases, BCBSTX will contact your current medical carrier and determine the medical necessity of continued care. There’s nothing more you need to do.

- **Inpatient Care** – If you are hospitalized or being treated on an intermediate care basis (i.e., residential, partial/day, intensive outpatient) when you move to BCBSTX, coverage will continue under your current program until you are discharged or transitioned to a less intensive level of care. BCBSTX will work with your current care representative.
- **Outpatient Care and Applied Behavior Analysis (ABA)** - If you are receiving treatment for covered services from a provider that is not in the network when you move to BCBSTX, you may request transition of care for up to 90 days. If you are still in treatment with the out-of-network provider after 90 days, outpatient care will be covered at the non-network benefit level if you are enrolled in the Deductible Plan or HSA Plan.

What if I am currently being treated for one of the conditions listed?

Patients who are actively undergoing a course of medical testing or treatment are eligible for transition of care. In transitioning from current medical carriers to BCBSTX, your first step will be to see whether your current provider is in network with BCBSTX. Follow these steps to check:

1. Visit **[bcbstx.com/loves](https://www.bcbstx.com/loves)**.
2. Click **Search Now** under **Find Doctors, Hospitals and More**.
3. Search for a provider based on where you live.

If your provider is in network with BCBSTX, there's nothing more you need to do.

How long does transition of care coverage last?

Transition of care coverage usually lasts 90 days.

How do I apply for transition of care benefits?

To apply for transition of care benefits, follow these steps:

1. Call a Benefits Value Advisor at **866-803-4973** — they'll check your provider's network status and provide you with a [transition of care request form](#), if applicable.
2. You and your provider will complete the form, then submit it.
3. If approved, BCBSTX will authorize ongoing services for up to 90 days at the in-network benefits level.
4. Both you and your provider will receive an authorization letter from BCBSTX.

What if I need help or have questions?

For help applying for transition of care or to ask any questions, call a Benefits Value Advisor at **866-803-4973** weekdays 7 a.m. to 6 p.m. CT. After Jan. 1, 2026, Benefits Value Advisors will be available 24/7, except on major holidays.

How will I know if my transition of care coverage has been approved?

Once you have been approved, you will be sent a letter confirming your coverage. To be paid at the in-network level during the transition of care process, there must be an approval (except in an emergency).

IMPORTANT!

Transition of care does not apply to you if your provider is in our network. If you need ongoing care for any chronic condition like diabetes, high blood pressure, etc. and you are not in the middle of a special course of treatment, you should select an in-network provider to meet your ongoing health care needs.