



Posted December 2021

**PRIOR AUTHORIZATION SERVICES
FOR FULLY INSURED & ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS
EFFECTIVE 01/01/2022**

- Health care providers who are part of an HMO Limited Provider Network must refer care to health care providers in the same Limited Provider Network.
- **Not all requirements apply to each product** (Blue Choice PPOSM, Blue EssentialsSM, Blue PremierSM, Blue Advantage HMOSM or MyBlue HealthSM or Blue High Performance NetworkSM).
- **It is imperative that providers check eligibility and benefits and verify prior authorization requirements through Availity® at www.availity.com.**

The following services may require prior authorization based on the member’s benefit plan:

Inpatient Medical/Surgical Facility Admissions Including Transfers*:

- Acute Care / Hospital
- Coordinated Home Care / Transitional Care
- Hospice Care
- Long Term Acute Care / Sub-acute
- Rehabilitation Facility
- Skilled Nursing Facility

Outpatient Medical/Surgical Services for FI & ASO Members (through AIM or BCBSTX as indicated below)**

- Advanced Imaging / Radiology (AIM)
- Cardiology (AIM)
- Molecular Genetic Lab Testing (AIM)
- Musculoskeletal - Joint, Spine Surgery (AIM)
- Musculoskeletal - Pain (AIM)
- Radiation Therapy / Radiation Oncology (AIM)
- Sleep (ASO with AIM)
- **Select Outpatient Services including but not limited to: (BCBSTX)**
 - Cardiology – Lipid Apheresis
 - Ear, Nose and Throat
 - Gastroenterology
 - Neurology
 - Orthopedic Musculoskeletal
 - Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw, Obesity)
 - Pain Management
 - Sleep Studies (FI with BCBSTX)
 - Wound Care

Other services that require Prior Authorization includes but not limited to:

- Dialysis obtained from an Out-of-Network-Provider*
- Durable Medical Equipment (varies by Plan design)*
- Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)*
- Home Hemodialysis*
- Home Hospice*
- Home Infusion Therapy (HIT)*
- Non-Emergent Air Ambulance**
- Out-of-Network/Out-of-Plan Services*
 - Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center
- Transplant Evaluations and Transplants*

*Codes not available.

****Note: [Click here to download a list of Outpatient procedure codes that requires Prior Authorization for Fully Insured and ASO Members](#)**

Reminder: While some services may not require prior authorization, like the ones listed below, they may be reviewed against member benefit limits or certain conditions. If you have questions, contact the number on the member’s ID card.

- Chiropractic Services
- Occupational Therapy / Physical Therapy / Speech Therapy

Pharmacy Benefits (Prime):**

Prior Authorization is required on some medications before drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug.

****Note: [Click here to view Drug Lists and determine if the drug requires Prior Authorization under Pharmacy Benefits for Fully Insured \(FI\) & ASO Members.](#)**

Specialty Pharmacy Medications that are covered by Medical Benefits**

- Infusion Site of Care - *medical necessity review required for therapy and for place of infusion.*
- Medical Oncology & Supportive Care (through AIM) – *medical necessity review required for oncology drugs that are supported by an oncology diagnosis*
- Provider Administered Drug Therapies - *medical necessity review required for therapy only*

****Note: [Click here to download a list of procedure codes that requires Prior Authorization under Medical Benefits for Fully Insured \(FI\) & Administrative Services Only \(ASO\) Members.](#)**

Behavioral Health and Chemical Dependency Facility Admissions:

- Inpatient
- Partial Hospitalization
- Residential Treatment Center (RTC)

Behavioral Health and Chemical Dependency Services Outpatient:

- Applied Behavioral Analysis (ABA)**
- Electroconvulsive Therapy**
- Intensive Outpatient Treatment*
- Psychological Testing/Neuropsychological Testing**
- Repetitive Transcranial Magnetic Stimulation**

*Codes not available.

****Note: [Click here to view or download a list of Behavioral Health procedure codes that requires Prior Authorization for Fully Insured & ASO Members.](#)**

For a comprehensive list of services that might require Prior Authorization and an overview of the Prior Authorization process and requirements, visit <https://www.bcbstx.com/provider/claims/um.html>



Posted December 2021

**PRIOR AUTHORIZATION SERVICES
FOR FULLY INSURED & ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS
EFFECTIVE 01/01/2022**

MEDICAL/SURGICAL SCREENING CRITERIA	BEHAVIORAL HEALTH SCREENING CRITERIA
<ul style="list-style-type: none"> • MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • American Society of Addiction Medicine (ASAM) Criteria • Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency (CD) Treatment Centers for CD service provided in Texas • AIM Specialty Health (AIM) (vendor solution): AIM Evidence-based Guidelines 	<ul style="list-style-type: none"> • MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • Texas Department of Insurance (DOI) Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers <p><u>Magellan Health (vendor solution for certain plans):</u></p> <ul style="list-style-type: none"> • Magellan Healthcare Guidelines • American Society of Addiction Medicine (ASAM) Criteria

PHARMACY SCREENING CRITERIA

For the Provider Administered Drug Therapy Reviews, the screening criteria used are contained within BCBSTX Medical Policies which include the statement:

Medical policies are a set of written guidelines that support current standards of practice. They are based on current peer-reviewed scientific literature. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and nationally recognized authoritative references. These references include, but are not limited to: MCG care guidelines, DrugDex (IIB level of evidence or higher), NCCN Guidelines (IIB level of evidence or higher), NCCN Compendia (IIB level of evidence or higher), professional society guidelines and CMS coverage policy.

Due to the above, Provider Administered Drug Therapy Reviews also leverages information contained within the package insert, NCCN, DrugDex, etc. in addition to the medical policies themselves.

[Click here to review clinical criteria applied for drugs covered by Pharmacy Benefits.](#)

[Availity](#) is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to Blue Cross and Blue Shield of Texas (BCBSTX). BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by independent third-party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.