



**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><b>Check Eligibility and Benefits</b> 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"> <li>• <b>Online</b> – Check eligibility and benefits through the <a href="#">Availity® Provider Portal</a> or your preferred web vendor. Availity allows prior authorization determination by procedure code and providers can submit requests using the <a href="#">Availity Authorization &amp; Referral</a> tool. Refer to the Education and Reference Center on our <a href="#">provider website</a> for links organized by specialty to <a href="#">Availity Eligibility and Benefits Tip Sheets</a>.</li> <li>• <b>By Phone</b> – If you do not have online access, check eligibility and benefits by calling BCBSTX's Interactive Voice Response (IVR) automated phone system at <b>1-800-451-0287</b>.</li> </ul>
<p><b>Obtain Prior Authorization (if required)</b> 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><b>If prior authorization is required through eviCore®:</b></p> <ul style="list-style-type: none"> <li>• <b>To view codes</b> – Refer to the <a href="#">eviCore implementation site</a>.</li> <li>• <b>Obtain prior authorization through eviCore:</b>  <b>Online</b> – <a href="#">eviCore Healthcare Web Portal</a> available 24/7.  <b>By Phone</b> – <b>1-855-252-1117</b>, 7 a.m. - 7 p.m. (CT), Mon - Fri.</li> </ul> <p><b>If prior authorization is required through AIM Specialty Health® (AIM):</b></p> <ul style="list-style-type: none"> <li>• <b>To view services/procedures</b> – Use <a href="#">Availity® Provider Portal</a> or your preferred vendor. Also, refer to <a href="#">Prior Authorization &amp; Predeterminations</a> on the BCBSTX provider website.</li> <li>• <b>To obtain prior authorization through AIM:</b>  <b>Online</b> – <a href="#">AIM Provider Portal</a> available 24/7  <b>By phone</b> – <b>1-800-859-5299</b> Mon – Fri, 6 a.m. to 6 p.m. CT. Sat-Sun and Holidays, 9 a.m. to 12 p.m.</li> </ul> <p><b>If prior authorization is required through BCBSTX:</b></p> <ul style="list-style-type: none"> <li>• <b>To view services/procedures</b> – Use <a href="#">Availity® Provider Portal</a> or your preferred vendor. Also, refer to <a href="#">Prior Authorization &amp; Predeterminations</a> on the BCBSTX provider website.</li> <li>• <b>To obtain prior authorization through BCBSTX:</b>  <b>Online</b> – <a href="#">Availity Authorization &amp; Referrals</a> tool via the Availity provider portal.  <b>By phone</b> – Call the number on the member's ID card, or use BCBSTX's IVR at <b>1-800-451-0287</b>            (See our <a href="#">Eligibility and Benefits IVR Caller Guide</a> for instructions).</li> </ul>
<p><b>Request Predetermination (if necessary)</b> If prior authorization is <b>not</b> required, check the <a href="#">Medical Policy</a> section of our Provider website to assess if predetermination may be needed.</p>	<ul style="list-style-type: none"> <li>• <b>Submit electronically</b> - <a href="#">Availity Provider Portal</a> using the <b>Attachments Tool</b>. Refer to the <a href="#">Provider Tools</a> page for more information</li> <li>• <b>Submit by fax</b> – Submit a <a href="#">Predetermination Request Form</a> to the fax number on the form to BCBSTX along with necessary supporting documentation.</li> </ul> <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**

<b>Important Reminders, Exceptions and Related Resources</b>	
<b>Inpatient Facility Admission Prior Authorization Requirements Summary</b>	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 <a href="#">Standards and Requirements</a> section for details.
<b>High-tech Imaging Services -AIM Specialty Health® Radiology Quality Initiative (RQI) Program</b>	For most PPO members, an RQI number must be obtained through <a href="#">AIM</a> 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 other vendors for prior authorization/prenotification of Advanced Imaging services. Call the number on the member's ID card if you have questions.</i> )
<b>Government Programs Prior Authorization Information</b>	For BCBSTX Medicare Advantage plans, refer to the <a href="#">Blue Cross Medicare Advantage PPO<sup>SM</sup> and Blue Cross Medicare Advantage HMO<sup>SM</sup> Prior Authorization Requirements Lists</a> under Clinical Resources. For BCBSTX Medicaid plans, refer to the <b>Prior Authorization Grid</b> and <b>Prior Authorization List</b> under Clinical Resources on the <a href="#">BCBSTX Medicaid</a> website.
<b>Pharmacy Prior Authorization (PA) Program</b>	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 <a href="#">Pharmacy Programs</a> section.
<b>Behavioral Health Program</b> - 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 <a href="#">Behavioral Health Program</a> section. For behavioral health (mental health and substance use disorder) services managed by Magellan Health Services, call Magellan at <b>1-800-729-2422</b> . For BCBSTX managed services, refer to <a href="#">Obtain Prior Authorization</a> on page 1,
<b>Federal Employee Program® (FEP®)</b>	For FEP members, eligibility and benefits can be obtained by calling <b>1-800-972- 8382</b> . 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.
<b>Prior Authorization for Out-of-Area (BlueCard®) Members</b>	For out-of-area Blue Plan member eligibility and benefits, call BlueCard Eligibility® at <b>1-800-676-BLUE (2583)</b> . Use the <a href="#">Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members</a> tool in the Standards and Requirements section to go to the member's Home Plan website. If prior authorization is required, see the <a href="#">Availity Authorizations User Guide</a> (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.


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## Blue Cross and Blue Shield of Texas (BCBSTX)

### Commercial and Government Programs Benefit Prior Authorization Requirements Summary Website Links:

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

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