



**Consumer Directed HealthSelectSM (In -Texas)
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST
Effective September 1, 2022**

- **Consumer Directed HealthSelect** is an open access plan utilizing the Blue EssentialsSM provider network. Participants do not have to designate a Primary Care Physician (PCP) and in-network referrals are **not** required.
- **Out-of-network services that require Prior Authorization may require Medical Management Review.** If no Prior Authorization is obtained for out-of-network Services requiring Prior Authorization (See #7 below), benefits may be reduced or denied. Emergency Services are an exception to this requirement.
- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 7 regarding out-of-network referrals).
- **Prior Authorization requires Medical Management Review.**
- **If Medicare is Primary, no referrals or Prior Authorizations are required.**
- Use [Availity[®] Authorization & Referrals](#) to prior authorize services managed by BCBSTX Medical Management and set up referrals when necessary.
- Contact the AIM Specialty Health[®] (AIM) [provider portal](#) or call 1-800-859-5299 for services managed by AIM.

PRIOR AUTHORIZATION&REFERRALREQUIREMENTS through Availity [®] Authorizations & Referrals / Medical Management	PRIOR AUTHORIZATION through Availity Authorizations & Referrals / Medical Management (unless otherwise indicated)	REFERRAL through Availity Authorizations & Referrals / Medical Management
1. Inpatient Facility Admissions Including Transfers (In-Network) <ul style="list-style-type: none"> - Hospital - Rehab - Long Term Acute Care / Sub-acute - Inpatient admissions - Inpatient hospice and rehabilitation - Skilled nursing (facility-based) - Congenital Heart Disease Services - Reconstructive Procedures (including but not limited to breast reduction surgery) - Transplant Services - Orthognathic Surgery 	Prior Authorization Requires Medical Management. Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participants will be held harmless in all instances.	No referral required for any service by network providers. For Out-of-Network referrals see #7.
2. Obstetrical Care	Maternity notification.	No referral required for any service by network providers. For Out-of-Network referrals see #7.
3. Outpatient <ul style="list-style-type: none"> - Private duty nursing - Home infusion therapy (Out-of-Network/Out-of-Plan not covered) - Home health (Exception: Home Dialysis no Prior Authorization needed) - Select durable medical equipment (DME) greater than \$1,000 (including but not limited to prosthetic devices) - Non Emergent Air and Ground Ambulance - Congenital Heart Disease Services - Reconstructive Procedures (including but not limited to breast reduction surgery) - Transplant Services - Outpatient Surgery - Facility setting (Including but not limited to: diagnostic catheterization, electrophysiology implant and sleep apnea). - Orthognathic Surgery - Specialty Drugs (See List for Qualifying Drugs) - Molecular and Genomic Testing - Radiation Oncology for all outpatient and office services - Advanced Radiology Imaging - Sleep Studies and Sleep Durable Medical Equipment (DME) 	Prior Authorization Requires Medical Management Review. First visits for physical therapy, speech therapy, and occupational therapy do not require a Prior Authorization. All subsequent visits will require an approved Prior Authorization to include a treatment plan. Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participants will be held harmless in all instances.	No referral required for any service by network providers.



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- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 7 regarding out-of-network referrals).
- **Prior Authorization requires Medical Management Review.**
- **If Medicare is Primary, no referrals or Prior Authorizations are required.**
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4. Bariatric Surgery	Not covered under the Consumer Directed HealthSelect benefit plan.	Not covered under the Consumer Directed HealthSelect benefit plan.
5. Specialty Drug Medical Oncology	Contact AIM for (medical necessity review required for oncology drugs that are supported by an oncology diagnosis)	
6. In-Network	Refer to specific service on this Prior Authorization list.	No referral required for any service by network providers.
7. Out-of-Network	Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.	Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.

**Mental Health (MH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays.
Mental Health Services Are Managed by BCBSTX Medical Management**

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1. Inpatient Facility Admissions Including Transfers (In-Network) <ul style="list-style-type: none"> - Neurobiological Disorders - Substance Abuse Disorders - Serious Mental Illness 2. Outpatient Mental Health Services <ul style="list-style-type: none"> - (including Intensive Outpatient Program (IOP) for MH and SUD; Repetitive Transcranial Magnetic Stimulation (rTMS); Electro- Convulsive Therapy (ECT); and Applied Behavioral Analysis (ABA), for Autism Spectrum 	Prior Authorization is required	Out-of-network services always require Medical Management Review and referral when participant wants to use their in-network benefits.

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 independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX

BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors.