BlueCross BlueShield of Texas

HealthSelect of Texas® & Consumer Directed HealthSelect℠ Out-of-State Plan Participants
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST
Effective September 1, 2020

- **Participants utilize Blue Card PPO network**. Participants do not have to designate a Primary Care Physician (PCP) and in-network referrals are not required.
- **Out-of-Network Services always require Medical Management Review.** If no prior authorization is obtained for Out-of-Network Services requiring Prior Authorization (See #6 below), benefits may be reduced or denied. Emergency Services are an exception to this requirement.
- **Prior authorization requires Medical Management Review,**
- **If Medicare is Primary, no referrals or prior authorizations are required.**

PRIOR AUTHORIZATION REQUIREMENTS through eviCore	
Outpatient Only 1. **Molecular and genomic testing** 2. **Radiation oncology for all outpatient and office services** 3. **Advanced Radiology Imaging** 4. **Sleep Studies and Sleep Durable Medical Equipment (DME)** **(No prior authorization required for the resupply of Sleep DME supplies effective 8/1/2018**	**Requires contacting eviCore for Prior Authorization at evicore.com or 855-252-117** **Note:** For specific codes that apply, please visit https://www.evicore.com/healthplan/bcbs on eviCore.com or call toll-free **855-252-1117**.

PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS through Availity® Authorization & Referrals/Medical Management	PRIOR AUTHORIZATION through Availity Authorization & Referrals/Medical Management	REFERRAL through Availity Authorization & Referrals/Medical Management
1. **Inpatient Facility Admissions Including Transfers *(In-Network)*** - 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 **Inpatient Facility Admissions Including Transfers (In-Network)** For Mental Health(MH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays - **Neurobiological Disorders** - **Substance Abuse Disorders** - **Serious Mental Illness**	Prior Authorization Requires Medical Management Review.	No referral required for any service by network providers. For Out-of-Network referrals see #6
2. **Obstetrical care**	Maternity notification.	No referral required for any service by network providers. For Out-of-Network referrals see # 6.

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- **Out-of-Network Services always require medical management review** If no prior authorization is obtained for Out-of-Network Services requiring Prior Authorization (See #6 below), benefits may be reduced or denied. Emergency Services are an exception to this requirement.
- **Prior authorization requires Medical Management Review**
- **If Medicare is Primary, no referrals or prior authorizations are required.**

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3. Outpatient - **Private duty nursing** - **Home infusion therapy (Not covered – Non-Network)** - **Home health (Exception-Home Dialysis no prior authorization required)** - **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) Prior Authorization** - **Outpatient Mental Health (MH) Services Prior Authorization Services:** (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 Requires Medical Management Review. First visits 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.	No referral required for any service by network providers.
4. Bariatric Surgery	Not covered under the HealthSelect Out-of-State Plan.	Not covered under the HealthSelect Out-of-State Plan.
5. In-Network	Refer to specific service on this Prior Authorization list.	No referral required for any service by network providers.
6. Out-of-Network	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.