



**OPTIONAL RECOMMENDED CLINICAL REVIEW
FOR ELECTIVE INPATIENT & OUTPATIENT SERVICES FOR
EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS)
EFFECTIVE 09/01/2024**

- A **Recommended Clinical Review** is an optional review for medical necessity which occurs before services are completed for a Covered Service and helps limit the situations where a service may be denied based upon medical necessity retrospectively.
- **Recommended Clinical Reviews** for elective inpatient and outpatient services managed by **Medical Management at Blue Cross and Blue Shield of Texas** can be submitted using [BlueApprovRSM](#) (available for ERS as of 9/3/24) or [Availity[®] Authorizations and Referrals](#) tool or calling the number on the back of the member ID card. RCR for outpatient services managed by **Carelon Medical Benefits Management** can be submitted online at [Carelon ProviderPortal](#) or by phone **1-800-859-5299**. Notification of NICU admissions managed by **ProgenyHealth[®]** can be made via fax **1-855-732-8182**.
- For more information on **Recommended Clinical Review**, refer to [Utilization Management](#) on the provider website.

Providers can submit an optional Recommended Clinical Review for the following elective inpatient services:

Elective Inpatient Medical/Surgical Facility Admissions Including Transfers:

- Acute Care/Hospital Hospice, Maternity, Medical, Surgical, Transplant)
- Hospice Care
- Long Term Acute Care/Sub-acute
- Rehabilitation Facility
- Skilled Nursing Facility

Inpatient NICU managed by **ProgenyHealth**

Elective Behavioral Health and Chemical Dependency Facility Admissions:

- Inpatient Rehab
- Residential Treatment Center

Providers can submit an optional Recommended Clinical Review for the following outpatient services:

Outpatient Medical/Surgical Services managed by:

Carelon:

- Advanced Imaging / Radiology, Cardiology
- Molecular Genetic Lab Testing
- Musculoskeletal - Joint, Spine Surgery, Musculoskeletal - Pain
- Radiation Therapy / Radiation Oncology

BCBSTX: Select Outpatient Services including but not limited to:

- Cardiology – Lipid Apheresis
- Ear, Nose and Throat
- Gastroenterology
- Neurology



**OPTIONAL RCR
FOR ELECTIVE INPATIENT & OUTPATIENT SERVICES FOR ERS
EFFECTIVE 09/01/2024 (cont.)**

BCBSTX: Select Outpatient Services including but not limited to (cont.):

- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Sleep Studies
- Wound Care
- Home Health Services including but not limited to home private duty nursing, home infusion therapy and PT/OT/ST
- Home Infusion Therapy
- Non-Emergent Air and Ground Ambulance
- Transplant Services
- Bariatric Surgery (only covered when performed by Network Providers at a Network Health Care Center of Excellence)

Mental Health and Substance Use Disorder Services Outpatient:

- Applied Behavior Analysis
- Intensive Outpatient Treatment
- Partial Hospitalization
- Psychological Testing/Neuropsychological Testing
- Repetitive Transcranial Magnetic Stimulation

Specialty Pharmacy Medications that are covered by Medical Benefits

- Medical Oncology & Supportive Care (through Carelon) – medical necessity review for oncology drugs that are supported by an oncology diagnosis.
- Provider Administered Drug Therapies - medical necessity review for therapy only.

RECOMMENDED CLINICAL REVIEW SCREENING CRITERIA EFFECTIVE 09/01/2024	
MEDICAL/SURGICAL SCREENING CRITERIA	BEHAVIORAL HEALTH SCREENING CRITERIA
<ul style="list-style-type: none"> ● MCG Care Guidelines ● BCBSTX Medical Policies ● American Society of Addiction Medicine Criteria ● Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers for CD service provided in Texas ● Carelon Medical Benefits Management (vendor solution): Carelon Evidence-based Guidelines 	<ul style="list-style-type: none"> ● MCG Care Guidelines ● BCBSTX Medical Policies ● Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers ● American Society of Addiction Medicine Criteria

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.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

ProgenyHealth is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide NICU utilization and case management for HealthSelect of Texas® and Consumer Directed HealthSelectSM plans.

BCBSTX makes no endorsement, representations, or warranties regarding third party vendors and the products and services they offer.