

# Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> and MyBlue Health<sup>SM</sup> Provider Manual - Roles and Responsibilities - Outpatient Lab and Radiology Guidelines

**Please Note**

Throughout this provider manual there will be instances when there are references unique to **Blue Essentials, Blue Advantage HMO, Blue Premier** and **MyBlue Health**. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "**Plan**" is referenced, the information will apply to **all** HMO products.

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## Capitated Medical Groups Important Note

Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral, recommended clinical review and prior authorization processes, contracting and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated Medical Group are subject to that entity's procedures and requirements for the Plan's provider complaint resolution.

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## Outpatient Lab and Radiology Overview

Blue Cross and Blue Shield of Texas Plan providers are responsible for ordering and where necessary prior authorizing or requested recommended clinical review, if applicable, for outpatient lab and radiology services for plan members. The following are guidelines for these services.

Plan providers should refer members to in-network lab providers for outpatient lab and radiology services. To locate participating providers in the Plan network, visit [Provider Finder®](#) on the BCBSTX website.

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## Prior Authorization or RCR for Certain Outpatient Lab or Radiology Services

BCBSTX is contracted with Carelon Medical Benefits Management to manage prior authorization or recommended clinical review for certain lab or radiology services.

Providers should refer to the **Utilization Management** section of the [BCBSTX provider website](#) for current services requiring prior authorization or services where recommended clinical review is available. They should also check eligibility and benefits through Availity® or their preferred vendor to determine whether prior authorization through Carelon is required.

Refer to the [Carelon](#) pages for information on specific services requiring prior authorization or applicable for RCR through Carelon as well as how to submit requests.

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.

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**Prior Authorization or RCR for Certain Outpatient Lab or Radiology Services, cont.**

Radiology or lab services whether they require prior authorization or not need to be provided by in-network providers. If services cannot be performed in the physicians or professional provider's office, the provider must send the member to a contracted lab or radiology location within the member's provider network.

This includes testing as well as the reading of test.

**To locate an in-network facility participating in the member's Plan, visit [Provider Finder](#)<sup>®</sup> through the BCBSTX provider website.**

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

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