



**HealthSelect of Texas® & Consumer Directed HealthSelectSM Out-of-State Plan Participants
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST
Effective September 1, 2022**

- **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 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.
- **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 & REFERRAL REQUIREMENTS through Availity® Authorization & Referrals/Medical Management	PRIOR AUTHORIZATION through Availity Authorization & Referrals/Medical Management (unless otherwise indicated)	REFERRAL through Availity Authorization & Referrals/Medical Management
<p>1. Inpatient Facility Admissions Including Transfers (In-Network)</p> <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 <p>Inpatient Facility Admissions Including Transfers (In-Network) For Mental Health(MH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays</p> <ul style="list-style-type: none"> - Neurobiological Disorders - Substance Abuse Disorders - Serious Mental Illness 	<p>Prior Authorization Requires Medical Management Review.</p>	<p>No referral required for any service by network providers. For Out-of-Network referrals see #7.</p>
<p>2. Obstetrical care</p>	<p>Maternity notification.</p>	<p>No referral required for any service by network providers. For Out-of-Network referrals see # 7.</p>



HealthSelect of Texas & Consumer Directed HealthSelect Out-of-State Plan Participants

**PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS List Effective
Effective September 1, 2022**

- **Participants utilize Blue Card PPO network.** Participants do not have to designate a 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.
- **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 & REFERRAL REQUIREMENTS through Availity® Authorization & Referrals/Medical Management	PRIOR AUTHORIZATION through Availity Authorization & Referrals/Medical Management (unless otherwise indicated)	REFERRAL through Availity Authorization & Referrals/Medical Management
<p>3. Outpatient</p> <ul style="list-style-type: none"> - 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 - Molecular and genomic testing - Radiation oncology for all outpatient and office services - Advanced Radiology Imaging - Sleep Studies and Sleep Durable Medical Equipment (DME) (No prior authorization required for the resupply of Sleep DME supplies) 	<p>Prior Authorization Requires Medical Management Review.</p> <p>First visits physical therapy, speech therapy, and occupational therapy do not require a Prior Authorization.</p> <p>All subsequent visits will require an approved Prior Authorization to include a treatment plan.</p>	<p>No referral required for any service by network providers.</p>
<p>4. Bariatric Surgery</p>	<p>Not covered under the HealthSelect Out-of-State Plan.</p>	<p>Not covered under the HealthSelect Out-of-State Plan.</p>
<p>5. Specialty Drug Medical Oncology</p>	<p>Contact AIM for (medical necessity review required for oncology drugs that are supported by an oncology diagnosis)</p>	
<p>6. In-Network</p>	<p>Refer to specific service on this Prior Authorization list.</p>	<p>No referral required for any service by network providers.</p>
<p>7. Out-of-Network</p>	<p>Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.</p> <p>Emergency services are an exception to this requirement.</p>	<p>Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.</p> <p>Emergency services are an exception to this requirement.</p>

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.