BlueCross BlueShield of Texas

PRIOR AUTHORIZATION SERVICES
FOR OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS
EFFECTIVE 01/01/2024

- Health care providers who are part of an HMO Limited Provider Network must refer care to health care providers in the same Limited Provider Network.
- Not all requirements apply to each product (Blue Choice PPO℠, Blue Essentials℠, Blue Premier℠, Blue Advantage HMO℠ or MyBlue Health℠ or Blue High Performance Network℠).
- It is imperative that providers check eligibility and benefits and verify prior authorization requirements through Availity® Essentials to determine if a service required prior authorization. Refer to the Utilization Management page on the provider website for more information.
- Providers should seek Clinical Review within 48 hours of admission to the facility for all unplanned inpatient hospital care (surgical, non-surgical, mental health and/or substance abuse) to prevent post-service medical necessity reviews that may result in an adverse determination.

The following services may require prior authorization based on the member's benefit plan:

Inpatient Medical/Surgical Facility Admissions Including Transfers*:

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

Note: Inpatient services are a recommended clinical review for certain ASO Accounts. ^

Outpatient Medical/Surgical Services for FI & ASO Members (through Carelon Medical Benefits Management or BCBSTX as indicated below) **

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

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

- Cardiology – Lipid Apheresis
- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Wound Care

Other services that require Prior Authorization includes but not limited to:

- Durable Medical Equipment (varies by Plan design) *
- Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)*
- Home Hemodialysis*
- Home Hospice*
- Home Infusion Therapy (HIT)*
- Non-Emergent Air Ambulance**
- Transplant Evaluations and Transplants
- Out-of-Network/Out-of-Plan Services*
  - Outpatient elective surgery received in an out-of-network Hospital or ambulatory surgical center.
  - Dialysis obtained from an Out-of-Network-Provider*

**Codes not available.*

Reminder: While some services may not require prior authorization, like the ones listed below, they may be reviewed against member benefit limits or certain conditions. If you have questions, contact the number on the member's ID card.

- Chiropractic Services
- Occupational Therapy/Physical Therapy/Speech Therapy

**Note: Download a list of Outpatient procedure codes that requires Prior Authorization for Other ASO members.

Specialty Pharmacy Medications that are covered by Medical Benefits**

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

Mental Health and Substance Use Disorder Facility Admissions:

- Inpatient
- Residential Treatment Center (RTC)

Note: Inpatient services are a recommended clinical review for certain ASO Accounts. **^**

Mental Health and Substance Use Disorder Services Outpatient:

- Applied Behavioral Analysis (ABA)**
- Electroconvulsive Therapy**
- Intensive Outpatient Treatment*
- Partial Hospitalization*
- Psychological Testing/Neuropsychological Testing**
- Repetitive Transcranial Magnetic Stimulation**

**Codes not available.*
***Note: View or download a list of Mental Health procedure codes that requires Prior Authorization for Other ASO members.*

Pharmacy Benefits (Prime): ***
Prior Authorization is required on some medications before drug will be covered. Check the drug list guide if Prior Authorization is required for a specific drug.

***Note: View Prior Authorization/Step Therapy Program information to determine if the drug requires Prior Authorization under Pharmacy Benefits for ASO members.

For a comprehensive list of services that might require Prior Authorization and an overview of the Prior Authorization process and requirements, visit https://www.bcbstx.com/provider/claims/um.html

MEDICAL/SURGICAL SCREENING CRITERIA	MENTAL HEALTH SCREENING CRITERIA
• MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • American Society of Addiction Medicine (ASAM) Criteria • Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Substance Use Disorder Treatment Centers for CD service provided in Texas • Carelon Medical Benefits Management (vendor solution): Carelon Evidence-based Guidelines	• MCG Care Guidelines (MCG) • BCBSTX Medical Policies (MP) • Texas Department of Insurance (DOI) Standards for Reasonable Cost Control and Utilization Review for Substance Use Disorder Treatment Centers Magellan Health (vendor solution for certain plans): • Magellan Healthcare Guidelines • American Society of Addiction Medicine (ASAM) Criteria

PHARMACY SCREENING CRITERIA

For the Provider Administered Drug Therapy Reviews, the screening criteria used are contained within BCBSTX Medical Policies which include the statement:

Medical policies are a set of written guidelines that support current standards of practice. They are based on current peer- reviewed scientific literature. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency, and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and nationally recognized authoritative references. These references include, but are not limited to: MCG care guidelines, DrugDex (IIb level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines and CMS coverage policy.

Due to the above, Provider Administered Drug Therapy Reviews also leverages information contained within the package insert, NCCN, DrugDex, etc. in addition to the medical policies themselves.

Review clinical criteria applied for drugs covered by Pharmacy Benefits.

^Applicable ASO Accounts:
- Teacher Retirement System of Texas (TRS) Effective March 1, 2024
- BCS - TEGNA, INC – Supplemental Plans
- Speaking Rock Entertainment Center