



**HealthSelect of Texas® In-Area (Texas)  
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST  
Effective March 1, 2020**

- **HealthSelect of Texas** requires referrals from a Primary Care Physician (PCP) using the Blue Essentials<sup>SM</sup> provider network for network benefits.
- **Prior Authorization requires Medical Management Review.**
- **Out-of-Network Services that require Prior Authorization 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.
- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 6 below regarding out-of network referrals).
- **If Medicare is Primary, no referrals or Prior Authorizations are required.**

PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS through Availity® Authorizations & Referrals / Medical Management	PRIOR AUTHORIZATION through Availity Authorizations & Referrals / Medical Management	REFERRAL through Availity Authorizations & Referrals / Medical Management
<p><b>1. Inpatient Facility Admissions Including Transfers (In-Network) including but not limited to:</b></p> <ul style="list-style-type: none"> <li>- Hospital</li> <li>- Rehab</li> <li>- Long Term Acute Care / Sub-acute Inpatient admissions</li> <li>- Inpatient hospice and rehabilitation</li> <li>- Skilled nursing (facility-based)</li> <li>- Congenital Heart Disease Services</li> <li>- Reconstructive Procedures (including but not limited to breast reduction surgery</li> <li>- Transplant Services</li> <li>- Orthognathic Surgery</li> </ul>	<p>Prior Authorization Requires Medical Management Review.</p> <p>Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</p>	<p>Referral required from PCP to Specialist for network services .</p>
<p><b>2. Obstetrical Care</b></p>	<p>Maternity notification</p>	<p>For Out-of- Network referrals See #6</p>
<p><b>3. Outpatient</b></p> <ul style="list-style-type: none"> <li>- Private duty nursing</li> <li>- Home infusion therapy (Out-of-Network/Out-of-Plan not covered)</li> <li>- Home health (Exception: Home Dialysis - <b>no Prior Authorization is required</b>)</li> <li>- Select durable medical equipment (DME) greater than \$1,000 (including but not limited to prosthetic devices)</li> <li>- Non-Emergent Air and Ground Ambulance</li> <li>- Congenital Heart Disease Services</li> <li>- Reconstructive Procedures (including but not limited to breast reduction surgery</li> <li>- Transplant Services</li> <li>- Outpatient Surgery- Facility setting (Including but not limited to: diagnostic catheterization, electrophysiology implant and sleep apnea).</li> <li>- Orthognathic Surgery</li> <li>- Specialty Drugs (See List for Qualifying Drugs)</li> <li>- Physical Therapy/Speech Therapy/Occupational Therapy</li> <li>- <b>Molecular and Genomic Testing</b></li> <li>- <b>Radiation Oncology for all outpatient and office services</b></li> <li>- <b>Advanced Radiology Imaging</b></li> <li>- <b>Sleep Studies and Sleep Durable Medical Equipment (DME)</b></li> </ul>	<p>Prior Authorization Requires Medical Management Review.</p> <p>Initial visits for 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.</p> <p>Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</p>	<p>Referral required from PCP to Specialists for network services.</p> <p><b>Exceptions:</b></p> <ul style="list-style-type: none"> <li>• Physical therapy, occupational therapy and speech therapy do not require a referral, but do require Prior Authorization for subsequent visits.</li> <li>• Chiropractor</li> <li>• OB-Gyn</li> <li>• Retail health</li> <li>• Therapeutic Optometrist or Ophthalmologist (Routine or diagnostic exams)</li> <li>• Urgent Care Providers</li> <li>• Mental Health Counseling</li> <li>• Doc on Demand</li> <li>• MD Live</li> </ul>

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- **Prior Authorization** requires **Medical Management Review**.
- **Out-of-Network Services that require Prior Authorization 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.
- **Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required.** Prior Authorization may still be required. (See # 6 below regarding out-of network referrals).
- **If Medicare is Primary, no referrals or Prior Authorizations are required.**

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4. <b>Bariatric Surgery (Out-of-Network/Out-of-Plan not covered) (Only covered at Centers of Excellence by In-Network Physicians)</b>	Prior Authorization Requires Medical Management Review. Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.	Referral required from PCP for Specialist for network services.
5. <b>In-Network</b>	Refer to specific service on this Prior Authorization list Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.	Referral required from PCP to Specialists for network services.
6. <b>Out-of-Network</b>	Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Emergency services are an exception to this requirement.	Out-of-network services may require Medical Management review for certain services requiring Prior Authorization. Participants have direct access to care with out-of-network providers at the out-of-network benefit level and no referral is required. Prior Authorization may still be required. Emergency services are an exception to this requirement.

**Delegated to Magellan – Behavioral Health (BH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays.  
Call Magellan at 800-442-4093.**

PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS through Availity Authorizations & Referrals / Medical Management and Magellan	PRIOR AUTHORIZATION through Availity Authorizations & Referrals / Medical Management and Magellan	REFERRAL
<b>1. Inpatient Facility Admissions Including Transfers (In-Network)</b> - Neurobiological Disorders - Substance Abuse Disorders - Serious Mental Illness  <b>2. Outpatient Behavioral Health Services</b> - (Including Intensive Outpatient Program (IOP) for MH and SUD; Psychological and Neuropsychological Testing; Repetitive Transcranial Magnetic Stimulation (rTMS); Electro-Convulsive Therapy (ECT); and Applied Behavioral Analysis (ABA), for Autism Spectrum	Prior authorization is required (Please call Magellan).  Any network service where Prior Authorization is not obtained by the provider before the service is rendered, the service will be denied and the participant will be held harmless in all instances.	PCP referral not required.

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 any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by the vendor, you should contact the vendor directly.