BlueCross BlueShield of Texas

Commercial and Government Programs Benefit Prior Authorization Requirements Summary

This document provides pre-service review guidelines, important reminders, exceptions and related resources.

Pre-Service Review Guidelines	
Check Eligibility and Benefits It is imperative to check eligibility and benefits to determine if prior authorization is required and verify if the provider is in-network for member's plan before services are rendered.	• **Online** – Check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor. Refer to the Availity Eligibility and Benefits User Guide for assistance. Availity also allows prior authorization determination by procedure code and providers can submit authorization requests using Blue Approvr® or the Availity Authorization & Referral tools. • **By Phone** – If you do not have online access, check eligibility and benefits by calling BCBSTX's Interactive Voice Response (IVR) automated phone system at **1-800-451-0287**.
Obtain Prior Authorization *(if required)* Prior authorization requirements are specific to the patient's policy type and procedure being rendered. If prior authorization is required, 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. *Prior authorization is not a substitute for checking eligibility and benefits*	**If prior authorization is required through eviCore healthcare®:** • **To view codes** – Refer to the eviCore website. • **Obtain prior authorization through eviCore:** **Online** – eviCore Web Portal available 24/7. **By Phone** – **1-855-252-1117**, 7 a.m. - 7 p.m. (CT), Mon - Fri.
	If prior authorization is required through Carelon Medical Benefits Management (Carelon): • **To view codes** - Refer to Utilization Management page on the BCBSTX provider website. • **Obtain prior authorization through Carelon:** **Online:** Log in to the Carelon ProviderPortal Available 24/7/365 **Phone: 1-800-859-5299** -Monday – Friday, 6 a.m. to 6 p.m. CT, Saturdays, Sundays and Holidays, 9 a.m. to noon CT **Fax: 1-800-610-0050** - **Note:** Fax option is available only for providers who are submitting clinical information for existing requests.
	If prior authorization is required through BCBSTX: • **To view services/codes** – Use Availity® Provider Portal or your preferred vendor. Also, refer to Utilization Management page on the BCBSTX provider website. • **To obtain prior authorization through BCBSTX:** **Online** – Use Blue Approvr or the Availity Authorization & Referrals tools via the Availity provider portal. **By phone** – Call the number on the member's ID card, or use BCBSTX's IVR at **1-800-451-0287** (See our Eligibility and Benefits IVR Caller Guide for instructions).
Request Recommended Clinical Review (RCR) *(if necessary)* If prior authorization is not required, check the Medical Policy and RCR pages on the provider website to assess if an RCR may be needed.	• **Submit electronically -** For Inpatient RCR, use Availity Authorizations and Referrals tool. For Outpatient services use the Availity Attachments tool on the Availity Provider Portal. Refer to the Provider Tools page for more information. • **Submit by fax** – Submit a Recommended Clinical Review form to the fax number on the form to BCBSTX along with necessary supporting documentation.

Please see page 3 for a list of the website links used above.

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	Pre-Service Review Guidelines
Request Recommended Clinical Review (RCR), cont.	Requests to review a previously denied RCR requests may be submitted by using the form via Availity Attachments tool. This information does not apply to Texas Medicaid or Medicare Advantage members. *Recommended Clinical Review is not a substitute for checking eligibility and benefits or prior authorization (if required).*

Important Reminders, Exceptions and Related Resources	
Inpatient Facility Admission Prior Authorization Requirements Summary	Prior Authorization through BCBSTX may be required for Inpatient Hospital Admission and Rehabilitation, Residential Treatment Center, Partial Hospitalization, Skilled Nursing Facility, Long-term Acute Care, Coordinated Home Health Care or Inpatient Hospice. Refer to the **Prior Authorization Lists** under Utilization Management on the provider website.
High-tech Imaging Services -Carelon Radiology Quality Initiative (RQI) Program)	For most PPO members, an RQI number must be obtained through Carelon before ordering outpatient non-emergency CT/CTA scans, MRI/MRA scans, Nuclear Cardiology studies and PET scans. *(**Note:** Some groups also may require the use of Carelon or other vendors for prior authorization/ prenotification of Advanced Imaging services. Call the number on the member's ID card if you have questions.)*
Government Programs Prior Authorization Information	For BCBSTX Medicare Advantage plans, refer to the Blue Cross Medicare Advantage PPO^{SM} and Blue Cross Medicare Advantage HMO^{SM} Prior Authorization Requirements Lists under Utilization Management. For BCBSTX Medicaid plans, refer to the **Prior Authorization Grid** and **Prior Authorization List** under Clinical Resources on the BCBSTX Medicaid website.
Pharmacy Prior Authorization (PA) Program	Prime Therapeutics, our pharmacy benefit manager, conducts all reviews of pharmacy PA requests from physicians for BCBSTX members with prescription drug coverage. To learn more about how to submit an electronic pharmacy PA request, refer to the Pharmacy Programs section.
Behavioral Health Program - Use Availity to determine whether BCBSTX or Magellan Health manages prior authorization.	Behavioral health services may be managed by BCBSTX or Magellan Health Services depending on the member's plan, For prior authorization requirements and related processes, refer to the Behavioral Health Program page. For behavioral health (mental health and substance use disorder) services managed by Magellan Health Services, call Magellan at **1-800-729-2422**. For BCBSTX managed services, refer to Obtain Prior Authorization on page 1.
Federal Employee Program® (FEP®)	For FEP members, eligibility and benefits can be obtained by calling **1-800-972- 8382**. For FEP members, you must call the local Blue Plan where services are being rendered for prior authorization, regardless of the state in which the member is insured.
Prior Authorization for Out-of-Area (BlueCard®) Members	For out-of-area Blue Plan member eligibility and benefits, call BlueCard Eligibility® at **1-800-676-BLUE (2583)**. Use the Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members tool in theStandards and Requirements section to go to the member's Home Plan website. If prior authorization is required, see the Availity Authorizations User Guide.

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WEBSITE:	LINK:
Availity Attachments Tool	https://www.bcbstx.com/provider/education/education/tools/availity-attach-submit-predet-bene-req-online
Availity Authorizations & Referrals	https://www.bcbstx.com/provider/education/education/tools/availity-authorizations
Availity Authorizations User Guide	https://www.bcbstx.com/docs/provider/tx/education/tools/auth-user-guide.pdf
Availity Eligibility and Benefits User Guide	https://www.bcbstx.com/docs/provider/tx/claims/eligibility-benefits-general-expanded.pdf
Availity Essentials Provider Portal	https://www.availity.com/essentials
Behavioral Health Program	https://www.bcbstx.com/provider/clinical/clinical-resources/behavioral-health
BCBSTX Provider Website	https://www.bcbstx.com/provider
Blue ApprovR	https://www.bcbstx.com/provider/education/education/tools/blueApprovR
Blue Cross Medicare Advantage PPO and Blue Cross Medicare Advantage HMO Prior Authorization Requirement List	https://www.bcbstx.com/provider/claims/claims-eligibility/um/pri-ppo-hmo
Carelon Medical Benefits Management	https://www.bcbstx.com/provider/clinical/clinical-resources/carelon-medical-benefits-management
Eligibility and Benefits IVR Caller Guide	https://www.bcbstx.com/provider/claims/claims-eligibility/ivr
eviCore Website	https://www.evicore.com/
eviCore Portal	https://www.evicore.com/provider
Medicaid Utilization Management Website	https://www.bcbstx.com/provider/medicaid/claims-and-eligibility/um
Medical Policy	https://medicalpolicy.bcbstx.com/disclaimer?corpEntCd=TX
Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members Pre-Service Review for Out- of-Area Members Tip Sheet	https://www.bcbstx.com/provider/standards/standards-requirements/mppc
Pharmacy Programs	https://www.bcbstx.com/provider/pharmacy/pharmacy-program/pharmacy
Provider Tools	https://www.bcbstx.com/provider/education/education/tools
Recommended Clinical Review	https://www.bcbstx.com/provider/claims/claims-eligibility/um/rcr-option
Standards and Requirements	https://www.bcbstx.com/provider/standards/standards-requirements/standards
Utilization Management	https://www.bcbstx.com/provider/claims/claims-eligibility/um

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Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized/pre-notified or an RQI number has been issued is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require prior authorization/pre-certification for imaging services from other vendors. If you have any questions, call the number on the member's ID card.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for 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.

Carelon Medical Benefits Management 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 offered by third-party vendors.