

TX Office-Based Provider – Facility* Admitting Privileges Requirements List

Specialty/Provider Type Description	Admitting Privileges Required	Facility Coverage Letter Accepted
Anesthesiology	YES	NO
Cardiac Electrophysiology	YES	NO
Cardiovascular Disease	YES	YES
Colon-Rectal Surgery	YES	NO
Critical Care Medicine	YES	NO
Gastroenterology	YES	YES
General Surgery	YES	NO
General Vascular Surgery	YES	NO
Gynecologic Oncology	YES	NO
Hand Surgery	YES	NO
Hematology	YES	YES
Hospice & Palliative Medicine	YES	NO
Infectious Diseases	YES	NO
Interventional Cardiology	YES	NO
Maternal & Fetal Medicine	YES	YES
Neonatal-Perinatal Medicine	YES	NO
Nephrology	YES	YES
Neurological Surgery	YES	NO
Neurology	YES	YES
Obstetrics-Gynecology	YES	NO
Oncology	YES	YES
Oral and Maxillofacial Surgery	YES	NO
Orthopedic Surgery	YES	NO
Otolaryngology	YES	NO
Pain Management	YES	NO
Pediatric Cardiology	YES	YES
Pediatric Critical Care Medicine	YES	NO
Pediatric Gastroenterology	YES	YES
Pediatric Hematology- Oncology	YES	YES
Pediatric Infectious Disease	YES	NO
Pediatric Intensive Care	YES	NO
Pediatric Nephrology	YES	YES
Pediatric Neurosurgery	YES	NO
Pediatric Orthopedics	YES	NO

Specialty/Provider Type Description	Admitting Privileges Required	Facility Coverage Letter Accepted
Pediatric Otolaryngology	YES	NO
Pediatric Pulmonology	YES	NO
Pediatric Sleep Medicine	YES	YES
Pediatric Surgery	YES	NO
Pediatric Transplant Hepatology	YES	NO
Pediatric Urology	YES	NO
Plastic Surgery	YES	NO
Podiatry	YES	NO
Pulmonary Disease	YES	NO
Surgery of the Spine	YES	NO
Thoracic Cardiovascular Surgery	YES	NO
Thoracic Surgery	YES	NO
Transplant Hepatology	YES	NO
Urology	YES	NO

***BCBSTX is accepting admitting privileges from the following facility types:**

Facility Type
Ambulatory Surgical Center (ASC)
Cancer Center
General Acute Care Hospital
Hospital Based Substance Abuse
Long Term Acute Care
Pediatric Hospital
Psychiatric Hospital
Rehabilitation Facility
Substance Abuse Facility
Teaching Hospital