



BCBSTX Preauthorization and Prenotification Changes Beginning January 1, 2019

Effective January 1, 2019, benefit plans managed by Blue Cross and Blue Shield of Texas (BCBSTX) will be updating preauthorization and prenotification requirements.

Patient eligibility and benefits should be verified prior to every scheduled appointment. Eligibility and benefit information includes membership verification, coverage status and, preauthorization requirements. To obtain fast, efficient, detailed information for BCBSTX members, please access the Availity® Eligibility and Benefits tool located at <https://www.availity.com/resources/support/provider-portal-registration>. Please note that you must be registered with Availity® to gain access to this **free online tool**. Additional tip sheets are available on the BCBSTX Provider website under [Claims and Eligibility](#).

Watch for future updates to the [Preauthorizations/Notifications/Referral Requirements](#) list reflecting the 2019 changes. These will be posted on the BCBSTX provider website at <https://www.bcbstx.com/provider/> on the **Clinical Resources** page.

For additional information, please contact a Provider Customer Service Representative at 1(800)451-0287.

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Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits, is not a guarantee of payment. Benefit determination will occur when 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 applicable on the date services when rendered.