



# BlueCross BlueShield of Texas

## Prior Authorization rules - Medicaid Medical / Surgical (Non-Behavioral Health)

### PREAUTHORIZATION REQUIREMENTS\* through eviCore - Effective 06/01/2017

1. Cardiology
2. Radiology
3. Medical Oncology
4. Molecular Genetics
5. Musculoskeletal - (PT/OT/ST;Spine/Joint/Pain/Chiro)
6. Radiation Therapy
7. Sleep
8. Specialty Drug

Utilizing the eviCore Healthcare Web Portal is the most efficient way to initiate a case, check status, review guidelines, view authorizations / eligibility and more url: <https://www.evicore.com/healthplan/bcbs> OR Call toll-free at 855-252-1117 between 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays.

\*including Network Exceptions including Out of Plan or Out of Network (due to Network Adequacy) for managed

Note: For specific codes that apply, please access url: <https://www.evicore.com/healthplan/bcbs>

For a full list of services, visit the BCBSTX eviCore webpage at [BCBSTX.com/provider](http://BCBSTX.com/provider) under Clinical Resources.

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### Network Participation

Out of network providers must seek prior authorization for all services. The exceptions are for emergency services and services provided by I.H.S.

### Notification Requirements

In cases of an emergency, notification is required within one business day of admission.

### Medical Necessity

Medical necessity must be met for all services regardless if prior authorization is required. All services are subject to retrospective review and recoupment in accordance with State and Federal rules and regulations.

### Inpatient Facility Admission Summary

All planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Elective admissions must have prior authorization **before** the admission occurs.

All unplanned inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse). Notification must be made within one business day of admission to the facility.

Admission to a skilled nursing facility, a long term acute care hospital (LTACH) or a rehabilitation facility.

All residential treatment program admissions.

### Limitations Of Covered Benefits by Member Contract

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.

### Summary of Services and UM requirements

Covered Service	Prior Authorization
Office visits to PCPs or specialists, including dietitians, nurse practitioners, and physician assistants	No
Allergy care, including tests and serum	Please refer to the procedure code list for Authorization Requirements
Diabetes self-management services	Please refer to the procedure code list for Authorization Requirements
Injections	Please refer to the procedure code list for Authorization Requirements
Podiatry (foot and ankle) services	Yes

Covered Service	Prior Authorization
Minor surgeries	Please refer to the procedure code list for Authorization Requirements
Routine physicals, children's preventive health programs, and Tot-to-Teen checkups	No
Medical supplies; durable medical equipment	Please refer to the procedure code list for Authorization Requirements and Accumulated Annual limits without authorization
Hospital services (inpatient, outpatient)	Yes
Dialysis services	Requires Notification
Surgery, including pre-and post-operative care: assistant surgeon, anesthesiologist, organ transplants	Please refer to the procedure code list for Authorization Requirements; all transplants and pre-transplant evaluation require prior authorization
Emergency dental care	Yes
Special rehabilitation services, such as: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation	Yes
Laboratory, X-ray, EKGs, medical imaging services, and other diagnostic tests	Please refer to the procedure code list for Authorization Requirements
Home health care and intravenous services	Yes
Personal care services and private duty nursing (home- or school-based) for children under age 21, who qualify under the EPSDT program	Yes If your child is disabled, he or she may qualify for more services. Please call Customer Service and ask to speak with a Care Coordinator/Case Manager for more information.
Hearing services and devices	Yes
Second opinions (in network)	No
Chemotherapy and radiation therapy	Yes
Nutritional counseling services	Please refer to the procedure code list for Authorization Requirements
Covered services provided in school-based health clinics	No
Pregnancy-related and maternity services	No
Ground and air ambulance	Ground - No Air - Yes
PET, MRA, MRI, and CT scans	Please refer to the procedure code list for Authorization Requirements
Hospice	Yes
Home birthing	Notification is required
Nutritional products and special medical foods	Yes
Breast Pumps and replacement supplies	No - Subject to benefit and DME dollar amount
Bariatric surgery	Yes

Behavioral Health Services are managed by Magellan

Please view the comprehensive preauthorization grid for a list of procedure codes that require review. The PDF document allows for bookmarking and searching for the code.