HealthSelectSM of Texas & Consumer Directed HealthSelectSM Out-of-State Plan Participants PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST Effective August 1, 2018

- Participants utilize Blue Card PPO network. Participants do not have to designate a Primary Care Physician (PCP) and in-network referrals are not required.
- Out-of-Network Services 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.
- · Prior authorization requires Medical Management Review,
- If Medicare is Primary, no referrals or prior authorizations are required.

PRIOR AUTHORIZATION REQUIREMENTS through eviCore

Outpatient Only

- 1. Molecular and genomic testing
- 2. Radiation oncology for all outpatient and office services
- 3. Advanced Radiology Imaging
- 4. Sleep Studies and Sleep Durable Medical Equipment (DME) (No prior authorization required for the resupply of Sleep DME supplies effective 8/1/2018

Requires contacting eviCore for Prior Authorization at evicore.com or 855-252-117

Note: For specific codes that apply, please visit https://www.evicore.com/healthplan/bcbs on eviCore.com or call toll-free **855-252-1117**.

PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS through iExchange / Medical Management	PRIOR AUTHORIZATION through iExchange / Medical Management	REFERRAL through iExchange / Medical Management
1. Inpatient Facility Admissions Including Transfers (In-Network) - Hospital - Rehab - Long Term Acute Care / Sub-acute - Inpatient admissions - Inpatient hospice and rehabilitation - Skilled nursing (facility-based) - Congenital Heart Disease Services - Reconstructive Procedures (including but not limited to breast reduction surgery) - Transplant Services - Orthognathic Surgery Inpatient Facility Admissions Including Transfers (In-Network) For Behavioral Health(BH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays - Neurobiological Disorders - Substance Abuse Disorders - Serious Mental Illness	Prior Authorization Requires Medical Management Review.	No referral required for any service by network providers. For Out-of-Network referrals see # 6.
2. Obstetrical care	Maternity notification.	No referral required for any service by network providers. For Out-of-Network referrals see # 6.

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HealthSelectSM of Texas & Consumer Directed HealthSelectSM Out-of-State Plan Participants

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- Out-of-Network Services 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.
- Prior authorization requires Medical Management Review
- If Medicare is Primary, no referrals or prior authorizations are required.

PRIORAUTHORIZATION&REFERRAL REQUIREMENTS	PRIOR AUTHORIZATION	REFERRAL
through iExchange / Medical Management	through iExchange / Medical Management	through iExchange / Medical Management
 3. Outpatient Private duty nursing Home infusion therapy (Not covered – Non-Network) Home health (Exception-Home Dialysis no prior authorization required) Select durable medical equipment (DME) greater than \$1,000 (including but not limited to prosthetic devices) Non Emergent Air and Ground Ambulance Congenital Heart Disease Services Reconstructive Procedures (including but not limited to breast reduction surgery) Transplant Services Outpatient Surgery - Facility setting (Including but not limited to: diagnostic catheterization, electrophysiology implant and sleep apnea.) Orthognathic Surgery Specialty Drugs (See List for Qualifying Drugs) Prior Authorization Outpatient Behavioral Health (BH) Services Prior Authorization Services: (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 Requires Medical Management Review. First visits 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.	No referral required for any service by network providers.
4. Bariatric Surgery	Not covered under the HealthSelect Out-of- State Plan.	Not covered under the HealthSelect Out-of-State Plan.
5. In-Network	Refer to specific service on this Prior Authorization list.	No referral required for any service by network providers.
6. Out-of-Network	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.
	Emergency services are an exception to this requirement.	Emergency services are an exception to this requirement.

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