



BlueCross BlueShield
of Texas

**OPTIONAL RECOMMENDED CLINICAL REVIEW
FOR ELECTIVE INPATIENT & OUTPATIENT SERVICES FOR
EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS).**

EFFECTIVE 01/01/2025

- A **Recommended Clinical Review** is an optional review for medical necessity which occurs before services are completed for a Covered Service and helps limit the situations where a service may be denied based upon medical necessity retrospectively.
- **Recommended Clinical Reviews** for elective inpatient services and outpatient services managed by BCBSTX medical management can be submitted using the [Avality® Authorizations and Referrals](#) tool or calling the number on the back of the member ID card. RCR for outpatient services managed by Carelon Medical Benefits Management can be submitted online at [Carelon ProviderPortal](#) or by phone 1-800-859-5299. Notification of NICU admissions managed by ProgenyHealth can be made via Sfax 1-855-732-8182.
- For more information on **Recommended Clinical Review**, refer to [Utilization Management](#) on the provider website.

Providers can submit an optional Recommended Clinical Review for the following elective inpatient services:

Elective Inpatient Medical/Surgical Facility Admissions Including Transfers:

- Acute Care/Hospital Hospice, Maternity, Medical, Surgical, Transplant)
- Hospice Care
- Long Term Acute Care/Sub-acute
- Rehabilitation Facility
- Skilled Nursing Facility

Inpatient NICU managed by ProgenyHealth

Elective Behavioral Health and Chemical Dependency Facility Admissions:

- Inpatient Rehab
- Residential Treatment Center

Providers can submit an optional Recommended Clinical Review for the following outpatient services:

Outpatient Medical/Surgical Services managed by:

Carelon:

- Advanced Imaging / Radiology, Cardiology
- Molecular Genetic Lab Testing
- Musculoskeletal - Joint, Spine Surgery, Musculoskeletal - Pain
- Radiation Therapy / Radiation Oncology

BCBSTX: Select Outpatient Services including but not limited to:

- Cardiology – Lipid Apheresis
- Ear, Nose and Throat
- Gastroenterology
- Neurology

- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Sleep Studies
- Wound Care
- Home Health Services including but not limited to home private duty nursing, home infusion therapy and PT/OT/ST
- Home Infusion Therapy
- Non-Emergent Air and Ground Ambulance
- Transplant Services

- Bariatric Surgery (only covered when performed by Network Providers at a Network Health Care Center of Excellence)

Mental Health and Substance Use Disorder Services Outpatient:

- Applied Behavior Analysis
- Intensive Outpatient Treatment
- Partial Hospitalization
- Psychological Testing/Neuropsychological Testing
- Repetitive Transcranial Magnetic Stimulation

Specialty Pharmacy Medications that are covered by Medical Benefits

- Medical Oncology & Supportive Care (through Carelon) – medical necessity review for oncology drugs that are supported by an oncology diagnosis.
- Provider Administered Drug Therapies - medical necessity review for therapy only.

RECOMMENDED CLINICAL REVIEW SCREENING CRITERIA EFFECTIVE 01/01/2025	
MEDICAL/SURGICAL SCREENING CRITERIA	BEHAVIORAL HEALTH SCREENING CRITERIA
<ul style="list-style-type: none"> ● MCG Care Guidelines ● BCBSTX Medical Policies ● American Society of Addiction Medicine Criteria ● Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers for CD service provided in Texas ● Carelon Medical Benefits Management (vendor solution): Carelon Evidence-based Guidelines 	<ul style="list-style-type: none"> ● MCG Care Guidelines ● BCBSTX Medical Policies ● Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers ● American Society of Addiction Medicine Criteria

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