BlueCross BlueShield of Texas

What to Know About Prior Authorizations.

Prior Authorization (PA) is when a contracted provider needs to get approval from the health plan to deliver a service. The goal is to make sure the service is the best choice for the patient and to avoid costly services that have low value.

Your provider is responsible for getting a prior authorization for you. If they fail to get a PA, before providing a service, the plan may not pay the claim and the provider would have to absorb the cost of the service. You are not required to pay for the service if the provider fails to get a PA. Providers can request a PA by calling customer service at the number listed on your member ID card, or via fax. They may also use our provider service through Availity® Essentials.

Prior Authorization is required for:

- ✓ Advanced Imaging (MRI, MRA, CT scans and PET scans)
- ✓ Lab Management Solutions – Molecular and Genomic Lab Testing
- ✓ Musculoskeletal: Pain / Joint / Spine Services – excluding exams, physical therapy, and occupational therapy
- ✓ Inpatient stay that is not the result of an emergency
- ✓ Outpatient Medical Oncology
- ✓ Outpatient Radiation Therapy
- ✓ Outpatient Sleep Study
- ✓ Outpatient Specialty Drugs
- ✓ Select Durable Medical Equipment
- ✓ Some procedures that are performed as part of an inpatient stay

Twenty-three (23) hour observation and emergency room visits do not need prior authorization.

You may wish to talk about other treatment options with your provider. Non-contracted providers are not required to adhere to our prior authorization requirements. However, the member and/or provider may elect to request a medical necessity determination in advance as services should meet medical necessity criteria to be covered.

If you have questions about your benefits, call customer service listed on the back of your member ID card.