



**HealthSelect of Texas® & Consumer Directed HealthSelect<sup>SM</sup> Out-of-State Plan Participants  
PRIOR AUTHORIZATION & REFERRAL REQUIREMENTS LIST  
Effective March 1, 2020**

- **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 & REFERRAL REQUIREMENTS through Availity® Authorizations & Referrals / Medical Management	PRIOR AUTHORIZATION through Availity Authorizations & Referrals / Medical Management	REFERRAL through Availity Authorizations & Referrals / Medical Management
<p><b>1. Inpatient Facility Admissions Including Transfers (In-Network)</b></p> <ul style="list-style-type: none"> <li>- Hospital</li> <li>- Rehab</li> <li>- Long Term Acute Care / Sub-acute</li> <li>- Inpatient admissions</li> <li>- Inpatient hospice and rehabilitation</li> <li>- Skilled nursing (facility-based)</li> <li>- Congenital Heart Disease Services</li> <li>- Reconstructive Procedures (including but not limited to breast reduction surgery)</li> <li>- Transplant Services</li> <li>- Orthognathic Surgery</li> </ul> <p><b>Inpatient Facility Admissions Including Transfers (In-Network)</b> For Behavioral Health(BH) Prior Authorization Services Inpatient, Residential, and Partial Day Stays</p> <ul style="list-style-type: none"> <li>- Neurobiological Disorders</li> <li>- Substance Abuse Disorders</li> <li>- Serious Mental Illness</li> </ul>	<p>Prior Authorization Requires Medical Management Review.</p>	<p>No referral required for any service by network providers. For Out-of-Network referrals see # 6.</p>
<p><b>2. Obstetrical care</b></p>	<p>Maternity notification.</p>	<p>No referral required for any service by network providers. For Out-of-Network referrals see # 6.</p>
<p><b>3. Outpatient</b></p> <ul style="list-style-type: none"> <li>- Private duty nursing</li> <li>- Home infusion therapy (Not covered – Non-Network)</li> <li>- Home health (Exception-Home Dialysis no Prior Authorization required)</li> <li>- Select durable medical equipment (DME) greater than \$1,000 (including but not limited to prosthetic devices)</li> <li>- Non Emergent Air and Ground Ambulance</li> <li>- Congenital Heart Disease Services</li> <li>- Reconstructive Procedures (including but not limited to breast reduction surgery)</li> <li>- Transplant Services</li> <li>- Outpatient Surgery - Facility setting (Including but not limited to: diagnostic catheterization, electrophysiology implant and sleep apnea.) .</li> <li>- Orthognathic Surgery</li> <li>- Specialty Drugs (See List for Qualifying Drugs) Prior Authorization</li> <li>- 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</li> </ul>		



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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.**

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<b>3. Outpatient (cont.)</b> - Molecular and Genomic Testing - Radiation Oncology for all outpatient and office services - Advanced Radiology Imaging - Sleep Studies and Sleep Durable Medical Equipment (DME)	Prior Authorization Requires Medical Management Review.	No referral required for any service by network providers.
<b>4. Bariatric Surgery</b>	Not covered under the HealthSelect Out-of-State Plan.	Not covered under the HealthSelect Out-of-State Plan.
<b>5. In-Network</b>	Refer to specific service on this Prior Authorization list.	No referral required for any service by network providers.
<b>6. Out-of-Network</b>	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.  Emergency services are an exception to this requirement.	Out-of-network services require Medical Management Review for certain services requiring Prior Authorization.  Emergency services are an exception to this requirement.