

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 1-877-842-7562, 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 a Prior Authorization already in place when you enroll in UT CARE™ Medicare PPO, that PA continues for the first six months of coverage.

Please visit [**www.bcbstx.com/retiree-medicare-ut**](http://www.bcbstx.com/retiree-medicare-ut) for more information about UT CARE.

If you have questions about your UT CARE benefits, call customer service at **1-877-842-7562 TTY 711**, 24 hours per day, seven days per week except for Thanksgiving and Christmas Day.

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UT CARE™ Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)™.' This plan name also refers to UT CARE Medicare PPO.

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.