

# Preauthorization requirements for Blue Cross and Blue Shield of Texas commercial health plans

The following levels of care need preauthorization\* for commercial plans:

- Partial hospitalization for behavioral health and substance use
- Intensive outpatient for behavioral health and substance use
- Psychological testing
- Outpatient electroconvulsive therapy (ECT)
- Applied behavior analysis (ABA)
- Office-based opioid treatment (OBOT)
- Transcranial magnetic stimulation (TMS)

## Preauthorization requirements effective dates:

	Blue Advantage	Blue Advantage Plus
Partial hospitalization Intensive outpatient Psychological testing ECT	2014	2016
ABA	1/1/17	1/1/17
OBOT	1/1/16	1/1/16
TMS	1/1/16	1/1/16

Although *behavioral health inpatient* and *residential* levels of care, including substance-use disorder and detoxification, do not require preauthorization, **all services must be deemed medically necessary prior to claims payment.** Providers of these services are strongly encouraged to contact Magellan to furnish information concerning a member's admission to begin the coordination for case management, avoid post-service adverse determinations and to assist with discharge planning. Providers may also submit records post-discharge for a medical necessity review.

Outpatient counseling and psychiatric services from a psychiatrist do not need preauthorization. Preauthorization is needed only when it is for one of the non-traditional outpatient services listed above.

For those times when preauthorization is required, it should be obtained before services begin. Preauthorization is also necessary for services to continue. Providers can ask for a review for more days, up to 60 days, before the last covered date for ongoing care.

When a provider asks Magellan to authorize services, the provider will complete an assessment and share information including:

- Diagnosis
- Current symptoms
- Events that led to an admission
- Thoughts of self-harm or harm to others
- Level of function and the impact on daily living
- Medical and behavioral health history
- Alcohol and/or drug use and any treatments
- Current medicines
- Treatment plan while getting care
- Discharge plans, including coordination of care with providers

Once Magellan receives the clinical information from the provider, Magellan will use one of the following clinical care guidelines below to make a determination:

- Magellan Healthcare proprietary guidelines
- Milliman Care Guidelines (MCG)
- American Society of Addiction Medicine (ASAM) for substance use requests

Magellan will respond to the requesting provider based on the urgency of the request.

**\*Note: Preauthorization is not required for providers who have been informed that they are exempt from obtaining preauthorization per 28 TAC § 19.1730 – 19.1733 (TX HB 3459 of 2021).**

**Refer to the Blue Cross and Blue Shield of Texas communications for authorization exemption details.**

More information is posted on their website at

<https://www.bcbstx.com/provider/claims/claims-eligibility/um/pa-exemptions-hb3459>.