

Bulletin to Texas providers

Texas House Bill 3041: Renewal of a preauthorization for a medical or health care service

During the 86th legislative session, the state of Texas passed Texas House Bill 3041¹ that mandates a health benefit plan² that requires preauthorization as a condition of payment for a medical or health care service to allow a physician or health care provider to request the renewal of an existing preauthorization for a covered benefit at least 60 days before the date that the preauthorization expires.

If a request to renew a preauthorization is received before the existing preauthorization expires, Magellan, if practicable, will review the request and issue a determination indicating whether or not the preauthorization is extended before the existing preauthorization expires. Magellan must make a determination within the allowable timeframes for the type of request (standard or expedited) and the respective line of business.

The requirements apply to the relevant health benefit plans that are delivered, issued for delivery, or renewed on or after Jan. 1, 2020.

¹Texas House Bill 3041 amends the Texas Insurance Code by adding Chapter 1222.

²Health benefit plan includes, but is not limited to, HMOs, PPOs, health benefits provided through a church benefits board, group coverage made available by a school district, Medicaid, Medicaid managed care, CHIP, and certain self-funded employer health benefit plans.