



# Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.

Preauthorization (also known as 'prior authorization') means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and to avoid unexpected costs, it's important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

## Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below. Be a smart health care shopper – use these tools to stay informed about your plan benefits!

### 1 CONNECT WITH US

Use the information on your Blue Cross and Blue Shield of Texas (BCBSTX) member ID card to create a Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account at <https://mybenefits.county.org>. Select *Get Connected* and click on the *Blue Cross and Blue Shield* link. And download the BCBSTX App at the Apple or Google Play store. Both tools can help you keep up with your benefits. You may also call the Customer Service number on the back of your member ID card.

### 2 KNOW WHAT YOUR PLAN REQUIRES

Log in to BAM and click *My Coverage*. Under the *Referral and Prior Authorization Information* tab, you'll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.

### 3 TRACK YOUR STATUS

You can check whether your preauthorization has been submitted or approved online. In BAM, go to *My Coverage*, then *Referral and Prior Authorization Information*. Or in the BCBSTX App, click *More*, then *Prior Authorization*.



We want you to get the most out of your health care benefits – let us help! Call the number on the back of your BCBSTX member ID card for questions.

# Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services<sup>1</sup> that may need approval in advance:

- Advanced Imaging
- Air ambulance (for non-emergencies)
- Behavioral health care, either in or outside of a hospital
- Certain cardiology diagnostic, imaging and surgical procedures
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Inpatient hospital stays<sup>2</sup>
- Joint surgery
- Pain management
- Sleep studies
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some high-cost specialty drugs
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment
- Spine surgery
- Stays in a facility for rehabilitation, long-term care or skilled nursing care



You are responsible for calling BCBSTX if you get out-of-network care. Be sure to notify BCBSTX within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

<sup>1</sup> Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.

<sup>2</sup> In-network inpatient hospitals are required to request preauthorizations on your behalf.