

Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM and MyBlue HealthSM Provider Manual -Roles and Responsibilities -Outpatient Lab and Radiology Guidelines

Please Note Throughout this provider manual there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all HMO products.

In this The following topics are covered in this section:

Section,

TopicPageCapitated Medical Groups - Important NoteB (d)-2Outpatient Lab and Radiology OverviewB (d)-2Laboratory ServicesB (d)-2Prior Authorization for Certain Outpatient Lab ServicesB (d)-2Outpatient Diagnostic Radiology ServicesB (d)-3

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Outpatient Lab and Radiology Guidelines

Capitated Medical Groups Important Note	Health care providers who are contracted/affiliated with a capitated Medical Group must contact the Medical Group for instructions regarding referral and preauthorization processes, contracting and claims-related questions. Additionally, health care providers who are not part of a capitated Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated Medical Group must also contact the applicable Medical Group for instructions. Health care providers who are contracted/affiliated with a capitated Medical Group are subject to that entity's procedures and requirements for the Plan's provider complaint resolution.
Outpatient Lab and Radiology Overview	Blue Cross and Blue Shield of Texas (BCBSTX) Plan providers are responsible for ordering and where necessary prior authorizing outpatient lab and radiology services for plan members. The following are guidelines for these services.
Laboratory Services	Plan providers should refer members to in-network lab providers for outpatient lab services. To locate participating labs in the Plan network, visit <u>Provider Finder</u> ® on the BCBSTX website.
Prior Authoriz- ation for Certain Outpatient Lab Services	 BCBSTX is contracted with AIM Specialty Health® (AIM) to manage prior authorization services for certain lab services. Providers should refer to the the Utilization Management section of the <u>BCBSTX provider website</u> for current Prior Authorizations & Predeterminations and by checking eligibility and benefits through Availity® or their preferred vendor to determine whether prior authorization through AIM is required.
	Refer to the the <u>AIM Specialty Health</u> pages for information on specific services requiring prior authorization through AIM as well as how to prior authorize services.
	Services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.



Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Roles and Responsibilities - Outpatient Lab and Radiology Guidelines

OutpatientBCBSTX has an agreement with AIM Specialty Health (AIM) to
manage prior authorizations for specific outpatient advanced
imaging services for certain Plan members.

Providers should refer to the the **Utilization Management** section of the BCBSTX provider website for current **Prior Authorizations & Predeterminations** and by checking eligibility and benefits through Availity or their preferred vendor to determine whether prior authorization through AIM is required. Refer to the <u>AIM Specialty</u> Health page on the provider website for more information.

Radiology services whether they require prior authorization or not need to be provided by in-network providers.

If radiology services cannot be performed in the physicians or professional provider's office, the provider must send the member to a contracted imaging location within the member's provider network. This includes testing as well as the reading of test.

To locate an in-network facility participating in the member's **Plan, visit <u>Provider Finder</u>** through the BCBSTX provider website.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).

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