

[Tex. Ins. Code § 1301.0052.]

§ 1301.0052. Exclusive Provider Benefit Plans: Referrals for Medically Necessary Services: Preferred Provider Benefit Plans

(a) If a covered service is medically necessary and is not available through a preferred provider, the issuer of an exclusive provider benefit plan, on the request of a preferred provider, shall:

- (1) approve the referral of an insured to a nonpreferred provider within a reasonable period; and
- (2) fully reimburse the nonpreferred provider at the usual and customary rate or at a rate agreed to by the issuer and the nonpreferred provider.

(b) An exclusive provider benefit plan must provide for a review by a health care provider with expertise in the same specialty as or a specialty similar to the type of health care provider to whom a referral is requested under Subsection (a) before the issuer of the plan may deny the referral.