



**Blue Essentials<sup>SM</sup> and Blue Essentials Access<sup>SM</sup>  
PREAUTHORIZATION / REFERRAL REQUIREMENTS List  
Effective September 1<sup>st</sup>, 2017**

- **Blue Essentials** benefit plan and provider network remain the same; only the name changed effective as of January 1, 2017.
  - **Blue Essentials Access** is an open access HMO benefit plan utilizing the Blue Essentials provider network. Members do not have to designate a PCP, and in-network referrals are not required.
  - **Out-of-Network/Out-of-Plan Services always require medical management review.** If no preauthorization or referral is obtained for Out-of-Network/Out-of-Plan Services (see below), no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement.
- Note:** Blue Essentials professional providers, facilities and ancillary providers who are part of a Limited Provider Network must refer care to physicians, professional providers, facilities and ancillary providers in the same Limited Provider Network.

**PREAUTHORIZATION REQUIREMENTS through eviCore for Fully Insured Members\* - Effective 09/01/2017\***

\* At this time, the eviCore preauthorization requirement does not include Administrative Services Only (ASO) Blue Essentials members.

<ol style="list-style-type: none"> <li>1. <b>Molecular and genomic testing</b></li> <li>2. <b>Radiation oncology for all outpatient and office services</b></li> <li>3. <b>Advanced Radiology Imaging</b></li> <li>4. <b>Sleep Studies and Sleep Durable Medical Equipment</b></li> </ol>	<p><b>Requires contacting eviCore for Preauthorization at <a href="http://evicore.com">evicore.com</a> or 855-252-1117</b></p>
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<b>PREAUTHORIZATION REFERRAL REQUIREMENTS through iExchange / Medical Management</b>	<b>PREAUTHORIZATION through iExchange / Medical Management</b>	<b>REFERRAL through iExchange / Medical Management</b>
<b>1. Inpatient Facility Admissions Including Transfers (In-Network)</b> - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	Certain Facility Admissions Require Medical Management Review.	<i>Blue Essentials:</i> Referral needed from Primary Care Physician (PCP) for out-of-network, pre-service when member is not in acute care and not a part of discharge planning.
<b>2. Obstetrical Care</b>	Maternity notification through iExchange	For Out-of-Network referrals see # 6
<b>3. Hospice (outpatient and/or home)</b>	Preauthorization requires Medical Management Review	For Out-of-Network referrals see # 6
<b>4. Transplant Evaluations</b>	Preauthorization requires Medical Management Review	For Out-of-Network referrals see # 6
<b>5. In-Network / In-Plan Services</b>	Refer to specific service on this preauthorization list.	<i>Blue Essentials:</i> Referral required from PCP to Specialists.  <i>Blue Essentials Access:</i> Referral <u>not</u> required.
<b>6. Out-of-Network/Out-of-Plan Services</b>	Out-of-network/out-of-plan services always require Medical Management Review. If no preauthorization is obtained for the out-of-network/out-of-plan services, no benefits are available and network claims will be denied. Emergency services are an exception to this requirement.	Out-of-network/out-of-plan services always require Medical Management Review. If no referral is obtained for the out-of-network/out-of-plan services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement.
<b>7. Home Health Services including but not limited to home private duty nursing (PDN) and home infusion therapy (HIT)</b>	Preauthorization Requires Medical Management Review	<i>Blue Essentials:</i> Referral required from PCP to Specialist for in-network services.  <i>Blue Essentials Access:</i> Referral not required from PCP to Specialist. For Out-of-Network referrals see # 6
<b>8. Hyperbaric Treatment</b>	Preauthorization Requires Medical Management Review	For Out-of-Network referrals see # 6
<b>9. Drug/Alcohol Treatment</b>	Call Magellan for Preauthorization - 800-729-2422	Call Magellan for Preauthorization - 800-729-2422
<b>10. Mental Health Services</b>	Call Magellan for Preauthorization - 800-729-2422	Call Magellan for Preauthorization - 800-729-2422
<b>11. Home Infusion Therapy (HIT)</b>	Preauthorization Requires Medical Management Review	For Out-of-Network referrals see # 6



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<p><b>12. Physical Therapy</b> Referral not required for outpatient facility therapy</p>		<p><i>Blue Essentials:</i> Referral required from PCP to Specialist for in-network services. <i>Blue Essentials Access:</i> Referral <u>not</u> required for in-network services. For Out-of-Network referrals see # 6</p>
<p><b>13. Occupational Therapy</b> Referral not required for outpatient facility therapy</p>		<p><i>Blue Essentials:</i> Referral required from PCP to Specialist for in-network services. <i>Blue Essentials Access:</i> Referral <u>not</u> required for in-network services. For Out-of-Network referrals see # 6</p>
<p><b>14. Speech Therapy</b> Referral is not required for outpatient facility therapy</p>		<p><i>Blue Essentials:</i> Referral required from PCP to Specialist for in-network services. <i>Blue Essentials Access:</i> Referral <u>not</u> required for in-network services. For Out-of-Network referrals see # 6</p>

*A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association*