



**Blue Premier<sup>SM</sup> and Blue Premier Access<sup>SM</sup>  
PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS  
List Effective August 1, 2017**

Out-of-Network/Out-of-Plan Services always require medical management review. If no preauthorization or 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.

**Note: Blue Premier physicians and professional providers in a Limited Provider Network must refer care to Blue Premier physicians and professional providers contracted in the same Limited Provider Network.**

**Note: Blue Premier Access - In Network referrals are not required, authorization will be required for any OON services.**

**PREAUTHORIZATION REQUIREMENTS through eviCore for Fully Insured Members only\* - Effective 08/01/2017**

\*member ID card will have TDI imprinted

1. Molecular and genomic testing		Requires contacting eviCore for Preauthorization at <a href="http://evicore.com">evicore.com</a> or 855-252-1117	
2. Radiation oncology for all outpatient and office services			
PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS In iExchange	PREAUTHORIZATION	REFERRAL
1. Inpatient Facility Admissions including All Transfers: - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	Requires an iExchange Notification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	Requires an iExchange Maternity Notification		
3. Hospice	Requires an iExchange Notification	Preauthorization Requires Medical Management Review	
4. Durable Medical Equipment (DME)		<b>Blue Premier:</b> Durable Medical Equipment (DME) purchase greater than \$5000.00 requires preauthorization. DME less than \$5000.00 requires a referral from the Primary Care Physician (PCP) or rendering physician. <b>Blue Premier Access:</b> DME purchase greater than \$5000.00 requires preauthorization.	
5. In-Network/In-Plan Services <i>Note: Blue Premier Access in-network referrals are not required. Authorization is required for any out-of-network referrals.</i>	An iExchange Referral is Required for ALL Primary Care Physicians (PCP) Referrals to Providers Outside of the PCP's Call Group / Back Ups		
6. Out-of-Network/Out-of-Plan Services		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. Blue Premier/Blue Premier Access physicians and professional providers in a Limited Provider Network must refer care to Blue Premier/Blue Premier Access physicians and professional providers contracted in the same Limited Provider Network.	Out-of-Network/Out of Plan Services always require Medical Management Review. If not 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. Blue Premier/Blue Premier Access physicians and professional providers in a Limited Provider Network must refer care to Blue Premier/Blue Premier Access physicians and professional providers contracted in the same Limited Provider Network.
7. Home Health Services / Home Health Care: - Home Health Aides - Occupational Therapy - Physical Therapy - Skilled Nursing Visits - Social Work Visits - Speech Therapy		Preauthorization Requires Medical Management Review	
8. Drug/Alcohol Treatment		Call Magellan for Preauthorization	
9. Mental Health Services		Call Magellan for Preauthorization	
10. Home Infusion Therapy (HIT)	Requires an iExchange Notification	Preauthorization Requires Medical Management Review	
11. Physical Therapy	<b>Blue Premier Only</b> Requires an Exchange Referral. Referral is required for outpatient facility therapy.		Blue Premier states – Outpatient – Referral is required for outpatient facility therapy
12. Occupational Therapy	<b>Blue Premier Only</b> Requires an iExchange Referral. Referral is not required for outpatient facility therapy.		Blue Premier states – Outpatient – Referral is required for outpatient facility therapy
13. Outpatient Renal Dialysis (Out-of Network)	Requires an iExchange Preauthorization	Preauthorization Requires Medical Management Review	
14. Speech Therapy	<b>Blue Premier Only</b> Requires an iExchange Referral. Referral is not required for outpatient facility therapy.		Blue Premier states – Outpatient – Referral is required for outpatient facility therapy
15. Oral & Dental Surgery	<b>Blue Premier Only</b> Requires an iExchange Referral. Referral is not required for outpatient facility therapy.		Blue Premier states – Outpatient – Referral is required for outpatient facility therapy