



**BLUE CHOICE PPO<sup>SM</sup>  
PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS  
EFFECTIVE AUGUST 1, 2017**

Referrals for Out-of-Network/Out-of-Plan Services due to network inadequacy or continuity of care always require Medical Management review. Emergency Services are an exception to this requirement. The Medical Management department must be notified within 48 hours or by the end of the next business day, whichever is later, of an emergency hospital admission.

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

\* member ID card will have TDI imprinted

1. Molecular and genomic testing
2. Radiation oncology for all outpatient and office services

Requires contacting eviCore for Preauthorization at [evicore.com](http://evicore.com) or 855-252-1117

1. Inpatient Acute Care Facility Admissions Including Transfers - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iExchange Preauthorization for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review
2. Obstetrical Care	iExchange Maternity Notification	
3. Inpatient Hospice	iExchange Preauthorization	
4. Inpatient Pain Management		Preauthorization Requires Medical Management Review
5. Inpatient Cardiac Rehabilitation	iExchange Preauthorization	
6. High Tech Outpatient Diagnostic Radiology Procedures*		Call AIM Specialty Health® (AIM) for a Radiology Quality Initiative (RQI) at 800-859- 5299
7. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services require Medical Management Review if they are requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. Utilization Management must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.
8. Home Health Services		Preauthorization Requires Medical Management Review
9. Home Infusion Therapy		Preauthorization Requires Medical Management Review
10. Inpatient Hyperbaric Treatment		Preauthorization Requires Medical Management Review

\* High Tech Outpatient Diagnostic Radiology Procedures - CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET Scans require a Radiology Quality Initiative (RQI) number *prior* to services being performed.

[View List of CPT Codes Requiring a RQI](#)

Physicians or professional providers should contact AIM at 800-859-5299 to obtain a RQI number.

**Note:** This program does not apply to imaging studies performed in conjunction with any Inpatient, Emergency Room, 23-hour Observation or Day Surgery admissions.

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**PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENTS cont'd**  
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PREAUTHORIZATION / NOTIFICATION / REFERRAL REQUIREMENT	PROCESS IN iExchange	PREAUTHORIZATION
11. Applied Behavior Analysis		Refer Request to Behavioral Health (see member's ID card for phone number)
12. Drug/Alcohol Treatment		Refer Request to Behavioral Health (see member's ID card for phone number)
13. Mental Health Services		Refer Request to Behavioral Health (see member's ID card for phone number)
14. Physical Therapy	iExchange Request	If services provided and billed by an in-network provider, no preauthorization is required.
15. Occupational Therapy	iExchange Request	If services provided and billed by an in-network provider, no preauthorization is required.
16. Speech Therapy	iExchange Request	If services provided and billed by an in-network provider, no preauthorization is required.
17. Inpatient Sleep Studies		Preauthorization Requires Medical Management Review
18. Dental Procedures		Preauthorization Requires Medical Management Review