

**BLUECHOICE® PPO/POS
PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS**

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. Utilization Management (UM) must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.

PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
1. Inpatient Facility Admissions - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iEXCHANGE Precertification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	iEXCHANGE Maternity Notification		
3. Inpatient Hospice	iEXCHANGE Precertification		
4. Inpatient Pain Management		Precertification Requires Medical Management Review	
5. Inpatient Cardiac Rehabilitation	iEXCHANGE Precertification		
6. *High Tech Outpatient Diagnostic Radiology Procedures		Call American Imaging Management (AIM) for a Radiology Quality Initiative (RQI) number at 1-800-859-5299	
7. In-Network/In-Plan Services			POS only – iEXCHANGE Referral for All Primary Care Physician (PCP) Referrals to Specialists outside of the PCP's Call Group/Back Up
8. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.	Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.
9. Home Health Services		Precertification Requires Medical Management Review	
10. Home Infusion Therapy		Precertification Requires Medical Management Review	
11. Inpatient Hyperbaric Treatment		Precertification Requires Medical Management Review	

*High Tech Outpatient Diagnostic Radiology Procedures (CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies & PET Scans) require a Radiology Quality Initiative (RQI) number **prior** to services. Physicians should contact American Imaging Management, Inc. (AIM) at 1-800-859-5299 to obtain an 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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BLUECHOICE® PPO/POS PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS, <i>continued</i>			
PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
12. Drug/Alcohol Treatment		Preauthorization Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
13. Mental Health Services		Preauthorization Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
14. Physical Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
15. Occupational Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
16. Speech Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
17. Inpatient Sleep Studies		Precertification Requires Medical Management Review	
18. Dental Procedures		Precertification Requires Medical Management Review	