

Authorization for PCP and Specialty Services

 Required Not Required

Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a Provider to refer Member to another Provider.

Physician Order/ Prescription: An order given by a Provider for a service/ medication.

Authorization: The Approval for services given by Prime EHP Utilization Management.

Referrals to Prime employed or Tier1 physicians do not need authorization or review by Prime UM

| Tier Level Provider | Tier 1 | | Tier 1 | | Tier 2 | |
|---|----------------|---------------|---------------|-----------------|---------------------------------|------------------|
| | Prime Employed | | Prime Network | | Blue Shield of CA/BCBS BlueCard | |
| Service | Referral | Authorization | Referral | Authorization | Referral | Authorization |
| Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine | N/A | No | N/A | No | N/A | Yes ³ |
| Pediatrician Office Visit | N/A | No | N/A | No | N/A | No |
| Specialist Office Visit ¹ Initial visit/Consult and Follow up visits | No | No | Yes | No ² | Yes | Yes ³ |
| PCP Lab Work In Office Preventive, Routine | No | No | N/A | No | N/A | No ⁴ |
| PCP Lab Work In Office Non-Preventive | No | No | N/A | Yes | N/A | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | No | No | No | No | No ⁴ | No ⁴ |

1. Specialist Office Visits

Initial consults with Tier 1 specialists require a PCP referral, but do **not** require authorization or Prime UM Review.

2. Tier 1 Prior-Authorization Not Required

- Office visits (evaluation and management codes)
- Auto-approved codes (www.primehealthcare.com/EHP)
- US Prevention Task Force Preventive screening services (www.uspreventiveservicestaskforce.org/uspstf)
- Facility-based services provided at a Prime facility

Specialty services not listed above require Prior Authorization.

3. Tier 2 Authorization

If authorization to a Tier 2 Provider is approved and Tier 1.5 benefits are applied:

- Three follow-up visits approved within 365 days following the initial approved authorization.
- A new authorization is required for follow-up visits after 365 days of initial approved authorization.
- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

4. Tier 2 Lab Work

All labs should be sent to a Prime facility or Prime-contracted LabCorp location. All other labs require an authorization.

Authorization for Facility Services

Required Not Required Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a Provider to refer Member to another Provider.

Physician Order/ Prescription: An order given by a Provider for a service/ medication.

Authorization: The Approval for services given by Prime EHP Utilization Management.

Referrals to Prime employed or Tier1 physicians do not need authorization or review by Prime UM

| Facility Services | Prime Owned Hospitals and Facilities | | | Non-Prime Facilities | | |
|---|--------------------------------------|----------|-----------------|---------------------------------|----------|------------------|
| | Physician Order or Prescription | Referral | Authorization | Physician Order or Prescription | Referral | Authorization |
| Imaging MRI/CT/MRA/PET scan/DEXA Hospital Imaging | Yes | No | No | Yes | Yes | Yes |
| Inpatient Hospitalization | Yes | No | No | Yes | Yes | Yes ¹ |
| Outpatient Surgery | Yes | No | No | Yes | Yes | Yes |
| Bariatric Services | Yes | Yes | Yes | Yes | Yes | Yes |
| Sleep Studies | Yes | Yes | No | Yes | Yes | Yes |
| Emergency Room Services | N/A | No | No ² | N/A | No | No ² |
| Urgent Care | N/A | No | No ³ | N/A | No | No ³ |
| Labs⁴ | Yes | No | No | Yes | Yes | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | Yes | No | No | Yes | Yes | Yes |

1. Inpatient Hospitalization

Prime UM must be notified and authorization is required for post-stabilization care and inpatient hospitalization.

2. Emergency Department Services

Should be provided at a Prime facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

3. Urgent Care

Should be provided at a Prime facility ER or contracted urgent care facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

4. Labs

Any lab services should be sent to a Prime facility lab or Prime-contracted LabCorp location.