



**Referral** - Request by a provider to refer member to another provider.

**Provider Order/Prescription** - An order given by a provider for a service or medication.

**Prior Authorization** - The Approval for services given by Prime EHP UM.

**This list applies ONLY to services that are covered benefits and medically necessary. Refer to SPD for details.**

Tier Level	Tier 1 Prime Employed	Tier 1 Network (Non-Prime Employed)	Tier 2 Network Blue Shield of CA/BCBS BlueCard
Service	Authorization	Authorization	Authorization
<b>Primary Care Office Visit:</b> General Practice, Family Practice, OB/GYN, Internal Medicine	No	No	Yes
<b>Pediatrician Office Visit</b>	No	No	No
<b>Specialist Office Visit</b> Initial visit/Consult and Follow up visits up-to Level 4	No	No	Yes
<b>Covered Services</b> All other services	No	Yes <sup>3</sup>	Yes
<b>PCP Lab Work</b> In Office Preventive, Routine	No	No	No
<b>PCP Lab Work</b> In Office Non-Preventive	No	Yes	Yes

**No prior authorization is required for:**

- Office Visits (Evaluation and Management Codes Level I - IV (Level IV needs review when claim is submitted))
- US Prevention Task Force Preventive screening services. - Refer to Page 3 of this document (<https://www.uspreventiveservicestaskforce.org/uspstf>)
- Covered Services - all covered services not listed on the No Auth List, required prior authorization - Refer to Page 4 of the document
- Any Services that are Facility based should be done at a Prime Facility. Otherwise, Prior-Authorization is needed.
- Any Lab Services should be sent to Prime Facility Lab or Prime Contracted Lab Corp.



Facility Services	Prime Facilities *		Non-Prime Facilities	
Service	Provider Order or Prescription	Authorization	Provider Order or Prescription	Authorization
<b>Imaging</b> MRI/CT/MRA/PET Scan/DEXA/Hospital Imaging	Yes	No	Yes	Yes
<b>Inpatient Hospitalization</b>	Yes	No	Yes	Yes
<b>Outpatient Surgery</b>	Yes	No	Yes	Yes
<b>Bariatric Services</b>	Yes	Yes	Yes	Yes
<b>Sleep Studies</b>	Yes	No	Yes	Yes
<b>Emergency Room Services</b>	N/A	No	N/A	No
<b>Urgent Care</b>	N/A	No	N/A	No
<b>Labs</b>	Yes	No	Yes	Yes
<b>Auto-Approved Services</b> Visit <a href="http://www.primehealthcare.com/EHP">www.primehealthcare.com/EHP</a> for a list of these services	Yes	No	Yes	Yes

*Note: Prime Healthcare must be notified before rendering post-stabilization care, but no later than 24 hours of stabilization and an authorization needs to be obtained for daily stay. Contact us @ 877-234-5227, option 1*