



Healthy Blue

When you need a referral or authorization

Referrals

For some services, you'll need a referral from your primary care provider (PCP) before getting care. When a referral is needed, your PCP will sign a referral form and send you to a Healthy Blue network provider. You will need to see your PCP before:

- Going to a hospital for nonemergency care
- Getting medicine your PCP can't give you

If it's a self-referral service, you won't need your PCP's approval.

Self-referral services

For most services, you'll go to your PCP or another provider in our network. But there are some services that we'll pay for, even if you get them from a provider who's not in our plan. These are called self-referral services. These include:

- Family planning
- Pregnancy services
- Emergency services
- School-based health center services
- Adult dental care (ages 21 and over)
- Behavioral health and substance use disorder services
- Certain providers for children with special health care needs

We'll also pay for any related lab work and medicine you get from the same site you get the self-referral service.

Family planning services

You have the choice to go to a provider who is not in your plan for any of these family planning services:

- Family planning office visit
- Pap smear
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- FDA-approved contraceptives, as well as emergency contraceptives

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.



Pregnancy services

If you were pregnant when you joined Healthy Blue and already saw a provider not in your plan for at least one complete prenatal checkup, then you can choose to keep seeing that provider all through your pregnancy, delivery and for two months after the baby is born for follow-up care. This is as long as the provider agrees to keep on seeing you.

Emergency services

If you have a real medical emergency, you do not need a referral to go to the emergency room. **A real medical emergency is a condition that could end in death or very serious bodily harm.** If you're not sure if you should go to the emergency room, call your PCP for help. You can also speak to a registered nurse if you call 24/7 NurseLine at 1-866-864-2544. After you're treated for an emergency condition, you may need extra services to make sure the emergency condition does not return. These are called post-stabilization services. We will work with the hospital staff to decide if you need these services. If you would like to know more information about how this decision is made, call Member Services at 1-844-521-6941 (TTY 711).

School-based health center services

For children enrolled in schools with health centers, there are a number of services they can get without a referral:

- Office visits and treatment for acute or urgent physical illness, along with needed medicine
- Follow-up visits to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits when needed
- Self-referred family planning services (listed on the prior page)

Adult dental care (age 21 and over)

Dental services do not need a referral from your PCP. Healthy Blue offers services managed by DentaQuest. Call 1-844-234-9835 (TTY 1-800-466-7566) for more information. Dental care for individuals under 21 years old is provided by the state.

Adult vision care (age 21 and over)

Vision services do not need a referral from your PCP. Healthy Blue offers services managed by Superior Vision. Call 1-800-787-3157 (TTY 1-800-735-2258) for more information. Vision services for individuals under 21 years old require preapproval.

Certain providers for children with special healthcare needs

Children with special healthcare needs may self-refer to a provider outside of his or her plan under certain conditions. Self-referral for children with special needs is aimed to make sure the child keeps getting care. Self-referral will also help ensure the right plans of care are in place for these children. This will depend on whether the child's condition is found before or after the child first enrolls in Healthy Blue.

Medical services that directly relate to the medical condition of a special needs child may be accessed outside the Healthy Blue network only if these conditions are met:



Healthy Blue

New enrollees — A child whose pre-existing provider outside of the plan gives the plan of care to us for review and approval within 30 days of the child's start date of enrollment. We must approve the services as needed.

Established enrollee — A child may ask for a specific provider outside of the plan if:

- He or she is already enrolled in Healthy Blue when diagnosed as having a special healthcare need
- His or her need calls for a plan of care that includes specific types of services

We must grant the request unless we have a local specialty provider in the plan with the same training and skills who is reasonably on hand and gives the same services.

Preapproval

Some Healthy Blue services and benefits require preapproval. This means that your provider and/or you must ask Healthy Blue to approve those services or benefits before you get them. Healthy Blue requires preapproval for these services:

- Ambulance transportation (emergency air and nonemergency)
- Chiropractic services
- Diagnostic testing
- Durable medical equipment
- End-stage renal disease services
- Eye/vision care and services for people age 20 and younger
- Home health extended services for people age 20 and younger
- Home health services for people age 21 and over: registered/skilled nurse, physical therapy, occupational therapy, speech therapy, home health aide and IV therapy
- Hospice services: inpatient, home and hospice facility
- Inpatient acute care hospitalization
- Medicines (See the Healthy Blue Preferred Drug List. Low copays for over-the-counter medicine requires a prescription from your doctor.)
- Mental health rehab services: family therapy, crisis stabilization, assertive community treatment
- Nurse-midwifery services
- Organ transplant services
- Outpatient hospital services: physical therapy, occupational therapy, speech therapy and surgical procedures
- Pediatric Day Health Care (PDHC) for people ages 20 and older
- Personal Care Services (PCS) for people ages 20 and older
- Physician services: medical assessments, treatments and surgical services (includes behavioral health physicians)
- Podiatry services
- Post-stabilization care services: from doctors inside or outside the Healthy Blue plan
- Radiology services
- Rehabilitation services: physical therapy, occupational therapy and speech therapy
- Transportation services (Transportation must be arranged 48 hours ahead of time. Call Southeastrans at 1-866-430-1101.)



Healthy Blue

For more information, call Member Services at 1-844-521-6941 (TTY 711). Note: All services from doctors outside your plan require preapproval from Healthy Blue.

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.