

Make sure you're covered

Don't be surprised by a bill you weren't expecting

Did you know that many services and procedures require you to get an OK for coverage from Premera **before** you get them? This is called a **prior authorization**, and it's essential to:

- Find out if you're covered by your benefits **before** you have your scheduled procedure
- Save money and avoid extra costs
- Get an estimate of your out-of-pocket costs before you go
- Avoid unnecessary services

Your doctor should request a prior authorization for you



Your healthcare provider is familiar with the process for getting a prior authorization. So, it's best if your doctor contacts Premera on your behalf. Your doctor has all of the medical information needed to ask that your medical service be reviewed and approved for coverage. **You should always ask your healthcare provider about requesting a prior authorization before you schedule a service or procedure.**

What happens if your doctor doesn't request a prior authorization

If your doctor performs a service that requires a prior authorization without requesting one, Premera will review the claim to determine if the service was medically necessary. If it is determined that the service was not medically necessary, the following apply.

For service:

- Performed by an in-network, Washington or Oregon provider, the provider is responsible for the full cost of the service.
- Performed by an out-of-network, out-of-area, or Alaska provider, you may be required to pay the full cost of the service.

To avoid extra costs always ask your healthcare provider to request a prior authorization before you have a planned medical service. The list on the back shows some services and procedures that require a prior authorization.



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Some services that require a prior authorization*

- Planned admission into hospitals or skilled nursing facilities
- Non-emergency ground or air ambulance transport
- Advanced imaging, such as MRIs and CT scans
- Transplant and donor services
- Some planned outpatient procedures
- Some injectable medications you get in a healthcare provider's office
- Prosthetics and orthotics other than foot orthotics or orthopedic shoes
- Reconstructive surgery
- Home medical equipment costing \$500 or more

Services that do not need a prior authorization

- Hospital admission for childbirth and newborn care
- Emergency admission to hospital

*Some prescription drugs require a different prior authorization review to approve coverage. Go to **premera.com** to learn more about the drug review process.*

* The list above is not complete and shows just some of the services that require a prior authorization. A more complete list can be found at **premera.com**. Keep in mind, your doctor has the most current list and medical information needed to request a prior authorization on your behalf.

Questions?

Call customer service at the number on the back of your Premera member ID card.