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| Policy Title: Out of Network Self-Referral | | POLICY #: 70.2.9 | |
| | | Line of business: ALL | |
| Department Name: Utilization Management | Original Date 11/97 | Effective Date 5/19 | Revision Date 12/18 |
| Department Head: Sr. Director, UM  | | | Date: 3/21 |
| Medical Services/P&T Committee: (If Applicable): PHP CMO  | | | Date: 3/21 |

PURPOSE

To establish and define mechanisms for the Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department to review, account for, and report member utilization of self-referable in-network and out of network care services.

POLICY

The following list includes services that, when performed by the PCP will be covered without pre-authorization. If the member chooses to self-refer to any willing provider, including out-of-network providers, these services will be covered without pre-authorization.

Out-of-network providers must meet the same quality management and encounter reporting standards as providers contracted to the Blue Shield Promise network. Any questions regarding an out-of-network provider's ability to meet these standards will be addressed to the Blue Shield of California Promise Director of Quality Management (see 70.2.7 for descriptions)

DESCRIPTION

- Family Planning
- Abortion Services – In Blue Shield of California Promise Network only
- Sexually Transmitted Disease (STD) Treatment
- Sensitive Services for Minors
- HIV Testing

PROCEDURE

Blue Shield Promise members have freedom of choice in obtaining certain specified services such as Family Planning, HIV testing, and care for sexually transmitted diseases. This care is not subject to UM requirements and is not subject to the policy and procedure for prospective review.

If the services are requested in network, they must satisfy the same medical appropriateness criteria as network services, including Medical Director review, when indicated. Therefore, the authorization request will initially be processed according the appropriate UM P&P.

Blue Shield Promise will maintain a list of preferred providers for highly specialized tertiary level of care. All reasonable attempts will be made to route/non-network care to these providers when applicable.

In most cases self-referable payment for out-of-network services will be limited to the Medi-Cal fee schedule. These services are drive by diagnosis; therefore associated CPT codes are not included. Refer to State published document (MMCD Letter No.94-13) on Family Planning and STDs. A copy of this MMCD Letter 94-13 will be furnished to Blue Shield Promise Providers on request.

REFERENCES