BlueCross BlueShield of Illinois

2025 Provider Manual – MyBlue Plus POS Plan

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Plan Overview

The MyBlue Plus Point of Service Plan offers claims processing and health care management through Blue Cross and Blue Shield of Illinois, primary care provider election at the individual provider level with referrals required to access in-network benefits (except for PCP and Behavioral Health services) for professional providers, and an out-of- network benefit to provide additional access to care. The MyBlue Plus POS Plan requires the Member's PCP to manage all aspects of the patient's care, including referrals to other health care providers.

Additional requirements applicable to the MyBlue Plus POS Plan are included throughout the Commercial Provider Manual, and those provisions are intended to supplement the information and requirements that are contained herein.

Referral Notification Overview

The referral notification process is a mechanism by which PCPs can refer their patients for care and services by specialty care providers.

Who Requests Referrals?

Referrals should be requested by the patient's PCP.

When is a Referral Necessary?

Each MyBlue Plus POS Member's assigned PCP is responsible for managing all aspects of the Member's care, including referrals to other health care providers and specialty providers. In order for the member to receive services at their in-network benefit, referrals must be made to health care providers who participate in the MyBlue Plus POS network. Authorization for out-of-network providers may be granted when a MyBlue Plus POS participating provider is not available. Referrals must be initiated by the PCP and must be approved before the service is rendered. If a PCP directs a Member to an out-of-network physician, professional provider, or specialist provider, the referral must be authorized by the Utilization Management Department before the service is rendered in order for the Member to receive services at their in-network benefit level.

Note: Specialty care physicians and professional providers cannot refer Members to other specialty care physicians or professional providers. The Member's assigned PCP is responsible for managing the Member's care, including all referrals.

Exceptions to Referral Requirements:

Referrals are not required for Members to obtain services at their in-network benefit from the following in-network provider types: Outpatient facility services, Obstetrics, Gynecology, Retail Health Clinic, Immunization Clinic, Independent Labs, Prosthetics/Orthotics, Urgent Care Center, specific dialysis services provided by a Nephrologist at a dialysis center, another PCP or physician assistant with a relationship to the Member's assigned PCP, or behavioral health services.

MyBlue Plus POS Participating Providers specializing in obstetrics or gynecology may directly manage and coordinate a woman's care for gynecological and obstetrical conditions, including obtaining referrals for gynecologically related specialty care and testing to other MyBlue Plus POS participating health care providers.

An approved referral is not verification and does not guarantee payment. Payment is subject, but not limited to, eligibility, contractual limitations, payment of premium on the date(s) of service, and BCBSIL Policies and Procedures.

Benefit Decision

The decision to provide treatment is between the patient and the PCP, specialty care provider, and/or health care provider. BCBSIL's role is to determine what is considered covered and payable under the Member's benefit plan.

Note: Referral confirmation is not verification and does not guarantee payment. Payment is subject, but not limited to eligibility, contractual limitations, payment of premium on the date(s) of service, and BCBSIL Policies and Procedures.

Referral Notification Procedures

Availity Authorizations & Referrals

Availity's Authorizations & Referrals tool allows the electronic submission of inpatient admissions, select outpatient services and referral requests handled by BCBSIL. Additionally, providers can also check status on previously submitted requests and/or update applicable existing requests.

How to access and use Availity Authorizations & Referrals tool:

1. Log in to Availity
2. Select Patient Registration menu option, choose Authorizations & Referrals, then **Referrals***
3. Select Payer BCBSIL, then choose your organization
4. Select a Request Type and start request
5. Review and submit your request

* Choose **Authorizations** instead of Referrals if you are submitting an authorization request.

If you are not yet registered with Availity, sign up at Availity at no charge. If you need registration assistance, contact Availity Client Services at **1-800-282-4548**.

Phone

PCPs may contact Utilization Management at 800-572-3089 from 8 a.m. to 5 p.m. (CT), Monday through Friday.

Fax

PCPs may submit a paper referral request via fax to 866-589-8253.

Information Necessary for Referral Notification

Please have the following information readily available when initiating a referral notification:

- Patient's full name
- Member ID number
- Policy or group number
- Anticipated date(s) of service
- Diagnosis (ICD-10 code)
- Procedure(s) anticipated (CPT code)
- Referring physician or professional provider name
- Specialty care physician or professional provider name, NPI and phone number

Request for Out-of-Network Referrals When No In-Network Provider is Available

Utilization Management ***must*** review all requests for Out-of-Plan or Out-of-Network referrals ***before*** a Member receives care, and the referral must be approved by BCBSIL in order for the Member to receive services at their in-network benefit level. The PCP must contact the Utilization Management Department at 800-572-3089 to request an Out-of-Plan or Out-of-Network referral.

Out-of-state Care

Coverage for non-urgent and non-emergent out-of-service area care will only be available if adequate care is not available in the member's service area. If needed care is not available in the member's service area, coverage may be available if a waiver is requested and granted.

Out-of-state care beyond the contiguous counties of Wisconsin, Iowa, Missouri, Kentucky, and Indiana is not covered and will only be covered by a waiver if the services are not available in the member's service area. A waiver will be denied if adequate care is available in-state or in contiguous counties. Members will be redirected to available, local in-network services.

Services provided by in-network (BlueCard® contracted) providers within the bordering counties listed above do not require a waiver.

The Member is responsible for securing the waiver, but the Member's PCP may request it on their behalf.

Requesting a Waiver

Out-of-network providers should call Customer Service at BCBSIL at 800-538-8833 to request a waiver. In network providers should request a waiver using the referral form on the Payer Space for BCBSIL at Availity® Essentials.

Prior Authorization

The MyBlue Plus POS Plan requires prior authorization for some services, in addition to a PCP referral. For additional information on the prior authorization requirements refer to the Health Care Medical Management section of this manual.