

# Selections

Selections is a managed care product. A member chooses a Personal Care Provider (PCP) from the Selections network to manage all of his or her health care needs. **If specialty services are required, the PCP must refer the member to a covered Selections network practitioner or provider, specialist, hospital or allied practitioner/provider (pharmacies, labs, etc.).** The specialist or allied practitioner/provider should send treatment recommendations or records back to the PCP, so that a complete medical history can be maintained for the member.

Selections members have a choice. They may elect to utilize their PCPs, or they may go directly to some specialists for given services (some alternative care services may require a referral from the PCP). The **member is still covered** when utilizing practitioners/ providers who have a contractual relationship with Regence BlueShield, **but at a reduced benefit level**, incurring more financial responsibility for the services. In general, services coordinated by the PCP to an in-network provider are covered at a higher level than services not coordinated by the PCP. Please see the Selections Referral Process at the end of this section.

## ***Authorization Procedure***

Certain procedures require preauthorization (as noted in the member's plan). Regence BlueShield recommends that practitioners request preauthorizations in writing or by FAX prior to services being rendered for selected procedures. Our goal is to communicate in advance to our members and practitioners/providers whether or not Regence BlueShield will cover a specific procedure so all involved individuals are aware of the potential financial responsibility.

## ***Hospital Referrals***

A referral is required for all hospitalizations. The referral to the admitting physician, if other than the PCP, covers both facility and professional care. The hospital charges will process to the admitting physician's referral status; the physician's name must be indicated as the ordering physician on the hospital billing. Otherwise, the PCP must generate a referral for the benefits to be covered at the highest level.

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## ***Referral Form***

Please use the standard CHITA referral form, located in this manual within the 'Forms' section, or on the Washington Healthcare Forums Web site at, [www.wahealthcareforum.org](http://www.wahealthcareforum.org), when you prefer to handle member referral by FAX or in writing. This referral form can be used for almost all Regence BlueShield lines of business, including, but not limited to, Selections, Basic Health Plan and Healthy Options. As always, if you wish to handle your referral by phone, please continue to call the provider customer service at **1 (800) 322-1737**.

For Boeing Selections plans, please see the Boeing section of this manual.

An updated list of Selections specialists and allied practitioners/providers is available on our Web site at [www.wa.regence.com](http://www.wa.regence.com) or on Regence Online Services. You can also call provider customer service at **1 (800) 322-1737** to find out if a provider is in the network.

## ***Selections Members Indicated on Vouchers***

*Selections* members will be clearly indicated on your voucher with the "@" character to the left of their names. There will also be a one-line entry stating that copayment amounts are considered already paid to the provider at the time of service.

## ***Selections Numbers You'll Need***

### **Provider customer service**

|           |                  |
|-----------|------------------|
| Telephone | 1 (800) 322-1737 |
| Fax       | 1 (253) 573-3318 |

### **Selection Referrals**

|           |                             |
|-----------|-----------------------------|
| Telephone | 1 (800) 322-1737 – Option 5 |
| Fax       | 1 (877) 367-6551            |

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## Selections Referral Notifications

When referring your member to the following provider types, Regence BlueShield must receive phone, mail, fax, or electronic notification of the referral or the claim will process to the extended-network benefit level.

- Accupuncturist
- Addiction Medicine
- Adolescent Medicine
- Allergy
- Anesthesia (for pain management)
- ARNP - Geriatric Specialist
- ARNP - Mental Health
- Cardiovascular Disease
- Cardiovascular Surgery
- Certified Hypnotherapist
- Chiropractor
- Christian Scientist Practitioner
- Colon/Rectal Surgery
- Critical Care Medicine
- Dentist
- Denturist
- Dermatopathology
- Dermatology
- Endocrinology
- Endodontist
- Gastroenterology
- General Surgery
- Genetics Counselor
- Geriatrics
- Hand Surgery
- Head and Neck Surgery
- Hematology
- Immunology
- Infectious Disease
- Infertility
- Licensed Massage Therapist
- Marriage and Family Therapist
- Perinatologist
- Masters in Social Work
- Medical Genetics
- Mental Health Counselor
- Naturopath\*\*
- Nephrology
- Neurological Surgery
- Neurology
- Occupational Medicine
- Oncologist/Hematologist
- Oncology
- Ophthalmology\*\*
- Optometrist\*\*
- Oral Surgery
- Orthodontist
- Orthopedic Surgery
- Otolaryngology, Rhinology (ENT)
- Out of Area MD or DO
- Pain Management
- Pedodontist
- Physical Medicine/Rehabilitation (MD)
- Plastic Surgery
- Podiatrist
- Prosthodontist
- Psychiatry M.D
- Psychologist
- Proctology
- Pulmonary Diseases
- Rheumatology
- Sports Medicine
- Thoracic Surgery
- Urology
- Vascular Surgery

\*\*Non-routine services

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### ***Services that do Not Require a Referral from a PCP***

The following services do not require a referral from a PCP (As always, coverage for services is subject to the member's contract benefits).

- Emergency services
- Gynecological exam (routine)
- Hearing exam (routine)
- Obstetrical care
- Smoking cessation
- Vision exam (routine)
- X-ray and lab services
- Women's health care services

The following providers must bill with the referring provider name in box 17 of the CMS-1500 form. If the referring provider is a referred-to provider by the PCP, there must be an active referral on file for the services to be paid at the higher benefit level.

- Air ambulance
- Ambulance Company
- Ambulatory Surgical Center
- Ambulatory Surgery - office based
- Anatomic Pathology
- Anesthesiology
- ARNP - Nurse Anesthesiologist
- Audiologist
- Biofeedback Therapist
- Blood Bank
- Clinical Pathology
- Hearing Aids/Supplies
- Home Health/Hospice
- Home Phototherapist
- Hospital Inpatient
- Hospital Outpatient
- Infusion Therapy Company
- Independent Lab
- Kidney Center
- Medical Supply Company
- Nuclear Medicine
- Occupational Therapist
- PS/PA General Surgery
- Pathology
- Pharmacy
- Private Duty Nursing
- Prosthetic/Orhtotic Supplier
- Radiation Therapies
- Radiology
- Radiation/Oncology Therapy
- Registered Dietitian
- Registered Physical Therapist
- Rehabilitative Program
- Reproductive Endocrinology
- Skilled Nursing Facilities
- Speech Therapist
- Ultrasound
- Provider listed as covering physician with Regence BlueShield.

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## ***The Selections Referral Process***

When a specialist should see a member, please refer him or her to a Selections specialist. If you refer to an in-network provider, your member's benefits will be paid at a higher level. A referral to an extended-network provider will not be accepted without review by our medical review staff. You must notify Regence BlueShield of your referral by calling provider customer service, FAX, Regence Online Services or mailing the information to us. Please see the Numbers You'll Need section for the appropriate numbers and address. **Please make every attempt to notify us of your referral on the same day the member receives the referral.** If we do not know about the referral, the services will be considered non-referred.

If a referred-to specialist needs to involve another specialist, they must contact the member's PCP. The PCP will need to generate an additional referral for that specialty. This enables the claim to be paid at the higher level of the member's benefit plan.

If you choose to make your referral by phone, please provide the following information:

- Name and Social Security number of the Selections member
- Name of the practitioner/provider to whom the member is being referred
- Date or span of dates during which services are expected to be given to the member from this provider
- Diagnosis (optional)
- Services recommended (optional)

*Note: A referral is not a guarantee of payment. All services are subject to eligibility and contract benefits of the subscriber.*

As a result of your referral, a confirmation notice will be sent to the PCP, the member and the Selections specialist to whom you have referred the member.

## **Assume Management**

The PCP now has the option of approving subsequent in-network referrals to a physician specialist when submitting the initial referral. A confirmation letter is sent to the PCP and the specialist assuming management of the members condition, when this option is indicated. If necessary, the specialist assuming management for that condition can refer the member on to another in-network specialist without a referral. The referred to specialist must indicate the name of the specialist assuming care in box 17 of the CMS-1500 claim form. To learn more about this option, please contact your professional relations representative at **1 (800) 562-2156**.

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## ***Women's Health Care***

Under the Selections plan, a woman will receive the highest level of benefits for women's health care services when she self-refers to a Selections contracted provider specializing in women's health care. The following is a list of women's health care providers:

- ARNP Adult Medicine, Family Medicine, Midwife, /OB-GYN, Women's Health Care
- Family Medicine Doctor
- General Practice
- Gynecologic Oncology
- Gynecologist
- Internal Medicine
- Licensed Midwife
- Naturopath
- OB-GYN
- Osteopath
- PA - Family Medicine, OB-GYN