BlueCross BlueShield of Illinois

Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.

Preauthorization (also known as 'prior authorization') means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below. Be a smart health care shopper – use these tools to stay informed about your plan benefits!

1 Connect with us

Use the information on your Blue Cross and Blue Shield of Illinois (BCBSIL) member ID card to create a Blue Access for Members℠ (BAM℠) account at **bcbsil.com**. And download the BCBSIL App at the Apple or Google Play store. Both tools can help you keep up with your benefits.

2 Know what your plan requires

Log in to BAM and click **My Coverage**. Under the **Referral and Prior Authorization Information** tab, you'll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.

3 Track your status

You can check whether your preauthorization has been submitted or approved online. In BAM, go to **My Coverage**, then **Referral and Prior Authorization Information**. Or in the BCBSIL App, click **More**, then **Prior Authorization**.

We want you to get the most out of your health care benefits – let us help!
Call the number on the back of your BCBSIL member ID card for questions.

Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services[1] that may need approval in advance:

- Inpatient hospital stays[2]
- Stays in a facility for rehabilitation, long-term care or skilled nursing care
- Behavioral health care, either in or outside of a hospital
- Some high-cost specialty drugs

Some services you get without a stay at the hospital may also require approval, such as:

- Air ambulance (for non-emergencies)
- CT scans, MRIs and other advanced imaging
- Breast lift or reduction surgery
- Electrical stimulation of the brain, nerves or stomach
- Genetic tests
- Home health care
- Home infusion
- Hospice
- Radiation therapy
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some joint and spine surgeries
- Some pain management services
- Some sleep studies
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment

You are responsible for calling BCBSIL if you get out-of-network care. Be sure to notify BCBSIL within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

1. Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.
2. In-network inpatient hospitals are required to request preauthorizations on your behalf.

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