When you need a referral or authorization

**Referrals**
For some services, you’ll need a referral from your primary care provider (PCP) before getting care. When a referral is needed, your PCP will sign a referral form and send you to an Amerigroup network provider. You will need to see your PCP before:

- Seeing a specialist
- Going to a hospital for nonemergency care
- Getting medicine your PCP can’t give you

If it’s a self-referral service, you won’t need your PCP’s approval.

**Self-referral services**
For most services, you’ll go to your PCP or another provider in our network. But there are some services that we’ll pay for, even if you get them from a provider who’s not in our network. These are called self-referral services. These include:

- Family planning
- Pregnancy services
- Emergency services
- School-based health center services
- Adult dental care (age 21 and over)
- Behavioral health and substance use disorder services
- Certain providers for children with special health care needs

We’ll also pay for any related lab work and medicine you get from the same site you get the self-referral service.

**Family planning services**
You have the choice to go to a provider who is not a part of the Amerigroup network? for any of these family planning services:

- Family planning office visit
- Pap smear
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- FDA-approved contraceptives, as well as emergency contraceptives
Pregnancy services
If you were pregnant when you joined Amerigroup and already saw an out-of-network provider for at least one complete prenatal checkup, then you can choose to keep seeing that provider all through your pregnancy, delivery and for two months after the baby is born for follow-up care. This is as long as the provider agrees to keep on seeing you.

Emergency services
If you have a real medical emergency, you do not need a referral to go to the emergency department (ED). A real medical emergency is a condition that could end in death or very serious bodily harm. If you’re not sure if you should go to the ED, call your PCP for help. After you’re treated for an emergency condition, you may need extra services to make sure the emergency condition does not return. These are called post-stabilization services. We will work with the hospital staff to decide if you need these services. If you would like to know more information about how this decision is made, call Member Services at 1-800-600-4441 (TTY 711).

School-based health center services
For children enrolled in schools with health centers, there are a number of services they can get without a referral:

- Office visits and treatment for acute or urgent physical illness, along with needed medicine
- Follow-up visits to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits when needed
- Self-referred family planning services (listed on the previous page)

Adult dental care (age 21 and over)
Dental services do not need a referral from your PCP.

Behavioral health and substance use disorder services
If you think you have a mental health or substance use problem and need help, these choices are available for you:

- Call the Public Behavioral Health System (PBHS) at 1-800-888-1965.
- Call Member Services.
- Speak with your PCP. They may send you to the PBHS.

Certain providers for children with special health care needs
Children with special health care needs may self-refer to an out-of-network provider under certain conditions. Self-referral for children with special needs is aimed to make sure the child keeps getting care. Self-referral will also help ensure the right plans of care are in place for these children. This will depend on whether the child’s condition is found before or after the child first enrolls in Amerigroup.

Medical services that directly relate to the medical condition of a special needs child may be accessed outside the Amerigroup network only if these conditions are met:

New enrollees – A child whose pre-existing out-of-network provider gives the plan of care to us for review and approval within 30 days of the child’s start date of enrollment. We must approve the services as needed.
Established enrollee – A child may ask for a specific out-of-network provider if:

- He or she is already enrolled in Amerigroup when diagnosed as having a special health care need
- His or her need calls for a plan of care that includes specific types of services

We must grant the request unless we have a local in-network specialty provider with the same training and skills who is reasonably on hand and gives the same services.

Prior authorization
This process was created to promote the prescribing of safe and cost effective medications for you. Prior authorization/medical explanation is required for:

- All nonformulary drugs (drugs not on our list)
- Brand-name medications with a generic equivalent
- Drugs not included in the pharmacy benefit/plan design
- Any drug that goes above plan limitations

The health plan requires using preferred generic or therapeutic equivalent alternatives as medically necessary (where applicable) before approving nonformulary/nonpreferred drugs. If you would like more information about how this decision is made, call Member Services at 1-800-600-4441 (TTY 711).