

Elect and Essential Referral Guidelines Chart

Prior Authorization is required to receive INN benefits from an OON provider

Prior Authorization may also be required for INN or OON Services (see Medica’s Prior Authorization list).

The most current listing can be found on medica.com at *Providers* → *Policies and Guidelines* → [UM Policies and Prior Authorization](#)
 → switch to *Prior Authorization* tab → **View full Prior Authorization List** link.

Note: Members must stay within their Elect or Essential network with or without a referral, except as noted below. The Elect and Essential networks are referred to below as in-network (INN) provider. Out-of-network (OON) refers to providers outside the Elect and Essential networks.

No referrals required	No referrals required	No referrals required to INN ONLY IF ordered by:	Referrals required if...
Direct access by member for the services listed from INN or OON providers.	Direct access by member for the services listed from INN providers.	<ul style="list-style-type: none"> • Member’s PCC Physician • Member’s PCC Nurse Practitioner • Member’s PCC OB/GYN • Provider Care Grouped with Member’s PCC • ‘Referred-To’ Physician with a Care Level 3 Referral 	Services are NOT received from the PCC or providers in the care system. Referral required prior to receiving services. Examples below. COB: When Medica is secondary, and we are coordinating benefits with primary insurance, no referral is needed.
<ul style="list-style-type: none"> • Dentist <ul style="list-style-type: none"> - DOS 1.1.18 and later • Emergency ambulance • Emergency services • Oral Surgery <ul style="list-style-type: none"> - DOS 1.1.18 and later • TMJ Specialist <ul style="list-style-type: none"> - DOS 1.1.18 and later • Urgent Care 	<ul style="list-style-type: none"> • All services provided by the PCC • Chiropractors (through OptumHealth Physical Health) • Convenience Care • DME • Eligible Travel Program providers (for members with this option) • Flu Shot with eligible provider <ul style="list-style-type: none"> - Verify on Flu Shot A-Z sheet • Mental health/Substance Abuse (MBH) • Ophthalmologist/ Optometrists <ul style="list-style-type: none"> - Annual routine eye exam only • Providers Care Grouped with the Member’s Care System • STD Testing • Virtual Care 	<ul style="list-style-type: none"> • All rehab therapy (PT/OT/ST) • Anesthesiology • Audiologist • Homecare • Non-Emergency Ambulance • Outpatient Hospital Services • Radiology • Reference Labs/Pathology • Skilled Nursing Facility • Surgery/Surgi-centers • Therapeutic Radiology 	<ul style="list-style-type: none"> • Acupuncture Services (from any provider type) • Allergist • Cardiologist • Colon & Rectal Surgeon • Dermatologist • Endocrinologist • Family Practice • Gastroenterologist • Hematologist • Infectious Disease • Internist • Nephrologist • Neurologist • Neurosurgeon • OB/GYNs • Oncologist • Ophthalmologist/ Optometrists <ul style="list-style-type: none"> - Excluding annual routine eye exam • Orthopedist • Otolaryngologist • Pediatrician • Plastic Surgeon • Podiatrist • Pulmonary Disease • Rheumatologist • Surgeon • Thoracic Surgeon • Urologist • Vascular Surgery