



## EPO Plan Open Access Automatic Tier 2 Services

### **What does EPO Open Access mean?**

Open Access means, there are a limited number of specialists available or, the service is **not available in the Tier 1 provider network**, therefore members can access the Tier 2 Blue Shield PPO provider network for medical services shown on this list below at a Tier 2 benefit level. No referral is needed.

Below is a list of services and specialist that are considered as Open Access:

|   |
|---|
| Preventive Care   |
| Mental Health and Substance Abuse                                 |
| Transgender services  |
| Audiology   |
| DME (Durable Medical Equipment)                                   |
| Coronary Surgery  |
| Dialysis  |
| Genetic Testing   |
| Oncology  |
| OB/GYN  |
| Open MRI  |
| Physical Therapy  |
| Pediatric - All medical services for patients under the age of 18 |
| Transplant  |
| Wound Care  |
| Urgent Care   |

Please note, the above list is subject to change, so please check the Tier 1 provider directory or call Quantum Health Customer Service at (866) 920-1994, before services are rendered.

**If a service is not available at a Tier 1 provider and not on this list please complete the referral request form on page 2 for review and approval before receiving a service. Tier 2 benefit level applies.**



### OPEN ACCESS REFERRAL FORM

|                                     |                                |
|-------------------------------------|--------------------------------|
| Name of Employee ( <i>insured</i> ) | Member ID                      |
| Name of Patient                     | Patient Date of Birth          |
| <b>PHYSICIAN INFORMATION</b>        |                                |
| Referring Physician Name            | Referring Physician's Tax ID   |
| <b>DIAGNOSIS INFORMATION</b>        |                                |
| Diagnosis                           |                                |
| Date of Service Start               | Date of Service End            |
| Frequency                           |                                |
| Procedure Code(s)                   |                                |
| <b>REFERRING TO:</b>                |                                |
| Physician Name                      | Telephone Number               |
| Facility or Group Practice Name     |                                |
| Authorized Date of Service Start    | Authorized Date of Service End |

This Authorization shall apply only to the covered individual and only for the authorized period listed above. During the authorized period benefits for the covered individual will be subject to the terms, conditions and limitations contained in the Plan, including deductibles, copayments and coordination of benefits with other coverages, except those consistent with the terms of this administrative determination.

Please send completed forms to [Pod32clinicalservice@quantum-health.com](mailto:Pod32clinicalservice@quantum-health.com)