

UNDERSTANDING HOW PREAUTHORIZATIONS WORK

**For services received outside
of Nebraska**



Whether you live outside of Nebraska or are traveling for vacation, work or school, your health plan coverage goes with you – so you and your family can get the right care when you need it. To help keep costs down across our network, some health care services and equipment require preauthorization.

Preauthorization Process

When receiving services outside of Nebraska, call the Member Services number on the back of your member ID card to find out if a prior authorization is required. Then work with the doctor to submit the prior authorization request, if needed, on your behalf. Not all health care services and equipment need a prior authorization. The most common ones are listed below.

Common preauthorizations:

- Radiology services (MRI, X-ray, etc.)
- Surgical procedures
- Durable medical equipment (CPAP, power wheelchair, etc.)
- Pain management
- Holter monitor
- Genetic testing
- Lab tests

▶ If a preauthorization is not submitted, your claim will be denied, and the charges may be your responsibility.

Visit [NebraskaBlue.com](https://www.NebraskaBlue.com) to review the full preauthorization list. If you're unsure if a preauthorization is needed or have any questions regarding this process, **call the Member Services number on the back of your member ID card.**