

UnitedHealthcare Community Plan in Maryland Referrals Frequently Asked Questions

Key Points

- We require specialist referrals for UnitedHealthcare Community Plan members in Maryland to see a specialist.
- Primary care providers (PCPs) are responsible for generating the referrals and submitting them either electronically or by mail.
- If a referral is not on file for the member within five days of the visit, we'll deny the claim.
- This requirement pertains to all care providers and UnitedHealthcare Community Plan members in Maryland.

Overview

We require PCPs to submit referrals for UnitedHealthcare Community Plan members in Maryland to see a specialist. As of this date, most claims submitted by specialists require a referral to be on file with us. If a referral, signed and dated within five days of the specialist visit, isn't on file for the member, we'll deny the claim. This requirement pertains to all care providers and UnitedHealthcare Community Plan members in Maryland.

Frequently Asked Questions and Answers

General Questions

Q1. Why does UnitedHealthcare Community Plan require a referral for members to see a specialist?

A1. We require referrals to help increase the PCP's engagement with their patients and foster collaboration between PCPs and specialists. Through this improved engagement, we hope to improve healthcare effectiveness and data information set (HEDIS) scores and increase overall quality of care for our members.

Q2. Are all UnitedHealthcare Community Plan members required to have an assigned PCP?

A2. Yes, UnitedHealthcare Community Plan of Maryland assigns a PCP to each member; however, the member can choose a different PCP. The member's PCP is listed on the member's identification card.

The PCP's Role

Q3. Who's responsible for generating referrals?

A3. The member's PCP generates referrals to network specialists and coordinates their care **prior to** the member seeking care with any network specialist. PCPs should provide the member with a copy of the referral and instruct them to present it to the specialist's office. A specialist cannot submit a referral request and should contact the PCP if one is needed.

Q4. How can I search for participating physicians, facilities or other health care professionals in the UnitedHealthcare Community Plan network?

A4. Go to UHCprovider.com > Menu > Find a Care Provider > Specialty Directories and Tools > Medicaid and State Programs Care Provider Directory.

Q5. How can I check the status of the member referral?

A5. You can contact Provider Services at 877-842-3210 to verify the status of the referral. Please allow up to 10 days for the referral to be available for verification. Copies of paper and/or electronically submitted referrals are considered a valid referral for a specialist to see a member.

Q6. How do I submit a referral?

A6. You can submit referrals in one of the following ways:

- Electronic: UHCprovider.com > Menu > Referrals
- Mail: Send paper referrals to:
P.O. Box 31365
Salt Lake City, UT 84131-1362

We don't accept retroactive referrals that are more than five days old. You must complete, sign and date paper referral forms.

Q7. Is my practice required to have access to UHCprovider.com to submit electronic referrals?

A7. Yes. Your practice must have access to Link to submit electronic referrals. You can submit referrals electronically at UHCprovider.com > Menu > Referrals. If you don't have access to Link, please register at UHCprovider.com > New User > Create an Optum ID.

Q8. How many visits are included for each referral?

A8. Referrals are valid for 12 visits for a maximum of six months from the date it's signed or electronically filed.

Exceptions

Q9. What services don't require a referral from the member's PCP?

A9. We don't require referrals for services from:

- Any participating network OB/GYN or perinatologist
- Routine refractive eye exams from a participating network care provider
- Behavioral health
- Dental care
- Services performed in any emergency room, network urgent care center or convenience care clinic
- Physician services for emergency/unscheduled admissions
- Any services from inpatient consulting physicians
- Podiatry

- Dialysis
- Home Health services, such as durable medical equipment
- Any other services for which applicable laws and regulations don't allow us to impose a referral requirement
- Physical therapy, occupational therapy and speech therapy
- Chiropractor
- Allergy and immunology
- Audiology
- Pulmonary medicine
- Hospice and palliative medicine

Additional exceptions to the referral process:

- Laboratory Services: No referral is required. However, per the laboratory policy, please refer UnitedHealthcare Community Plan members only to the outpatient laboratory service care providers that appear on the most current list of participating laboratories at Go to UHCprovider.com > Menu > Find a Care Provider > Specialty Directories and Tools > Medicaid and State Programs Care Provider Directory.
 - [Select Places > Labs and Imaging > Lab Locations > Enter zip code >> LabCorp Laboratories](#). Please review this list carefully and use it for all member laboratory referrals.
- Eye Exams: We don't require referrals for services performed by an optometrist or ophthalmologist.
- Post-Operative Care: We don't require referrals for services related to a surgical procedure during the postoperative period included in the Global Fee if performed by the same physician practice. The PCP must write a new referral if the customer needs to be seen by the same physician for a new issue, or for a new physician for services related to the surgical procedure.
- Radiology Services: We don't require a referral for routine radiology services. However, per the updated policy in specific counties, claims for certain outpatient radiology services performed in a Maryland Health Services Cost Review Commission (HSCRC) rate-regulated facility are no longer reimbursed. Physicians should refer members who need procedures for current procedural terminology (CPT) code 70000-79999 to free-standing facilities when clinically appropriate and where access to these facilities is readily available for our members. Outpatient radiology services, if required in conjunction with emergency room visits and/or outpatient observation confinement, are excluded. You can find the most up-to-date list of contracted facilities at UHCprovider.com > Menu > Find a Care Provider > Specialty Directories and Tools > Medicaid and State Programs Care Provider Directory.

Special Situations

Q10. What if members need to see their specialist often; do members need to get a referral for every visit?

A10. Generally, referrals are valid for up to 12 visits within a six-month period. For select services, a standing referral may be submitted by the member's PCP. The standing referral authorizes extended specialist visits for up to six months. "Standing Referral" must be noted by the PCP on the referral to prevent claim denials. Standing referrals may be issued for the following diagnoses and specialty types:

Conditions Eligible for Standing Referrals:

- AIDS/HIV
- Amyotrophic lateral sclerosis
- Cancer
- Cerebral palsy
- Cystic fibrosis
- Epileptic seizures
- Glaucoma
- Multiple sclerosis
- Myasthenia gravis
- Parkinson's disease
- Seizures
- Thrombotic thrombocytopenia purpura

Specialties Eligible for a Standing Referral:

- Bone marrow transplant
- Gynecologic oncology
- Hematology/oncology
- Hepatology
- Pediatric hematology/oncology
- Radiation oncology
- Respiratory therapy
- Surgical oncology
- Transplant hepatology

Q11. What if a UnitedHealthcare Community Plan member requires care that isn't available from a participating specialist or facility?

A11. If a member requires the services of a non-participating provider, the member's PCP can submit a prior authorization request for in-network coverage for services provided by non-network providers.

We'll determine whether a network care provider is available to treat the patient's condition. If not, we'll assess whether we'll grant in-network benefits for such services from a non-network provider.

The Specialist's Role

Q12. Are specialists or facilities required to confirm referrals?

A12. We expect specialists to confirm if a referral exists when a UnitedHealthcare Community Plan member calls to schedule an appointment. PCPs should provide the member with a copy of the referral and instruct them to present it to the specialist's office.

*Facilities are exempt from the new referral requirement and should continue to follow present protocols found in the care provider manual, which you can find at UHCprovider > Health Plans by State > Maryland > Medicaid (Community Plan) > Provider Administrative Manual.

Q13. What if a network specialist to whom the member has been referred identifies the need for the member to see another specialist, or for the member to return for additional visits?

A13. In either case, the specialist must contact the member's PCP who would need to provide an additional referral.

Contacts

Q14. Who do I call if I have questions or need assistance with submitting referrals online?

A14. You can contact the UHCprovider.com help desk at 866-842-3278.

Q15. Who do I call if I have questions about the PCP referral requirement?

A15. For more information, please call Provider Services at 877-842-3210.