

Quick Reference Guide

New Requirements for PCP Referral to Specialists for UnitedHealthcare Community Plan Members in Maryland

Effective Oct. 15, 2015, UnitedHealthcare Community Plan members in Maryland who need specialty care must be referred to in-network specialists by their primary care provider (PCP) or claims may not be paid. Any PCP within the same tax ID (TIN) can issue a referral on behalf of a member assigned to a PCP within that TIN. Following is more information on the specific requirements.

How to submit a referral

The member's PCP coordinates the member's care and generates referrals to network specialists. Referrals **must** be submitted in one of the following ways before the specialist service is received by the member:

1. Entered electronically on *UnitedHealthcareOnline.com*
2. Mail a paper referral to:
PO Box 31365
Salt Lake City, UT 84131-1362

Online submissions are entered via the **Referral Submission** screen of UnitedHealthcareOnline.com. To submit a referral, follow these steps on the UnitedHealthcareOnline.com home page:

1. Log in to UnitedHealthcareOnline.com.
2. Select **Notifications** on the tool bar.
3. Select **Referral Submission** from the dropdown box.
4. Input the requested member's information.
5. Search for and select a participating specialist.
6. **Submit** the online referral.

Each referral is valid for 12 visits to a specified network specialist for a maximum time of six months from the date it is submitted. **Retroactive referrals are not accepted.**

Providers may contact provider services at 877-842-3210 to verify the status of the referral.

Only the member's assigned PCP or a physician practicing under the same TIN can submit a referral to a network specialist. Referrals can only be entered for participating network physicians. Referrals cannot be entered to non-participating providers.

If you have questions about available network specialty care providers, please contact UnitedHealthcare Community Plan of Maryland at the number on the back of the member's ID card. If a network specialist to whom the member has been referred identifies the need for a member to see another specialist, the member's PCP must be contacted to request an additional referral. Specialists cannot enter referrals.

Services not requiring referrals

- Any participating network obstetrician/gynecologist.
- Routine refractive eye exam from a participating network provider.
- Eye care service provided by an optometrist or ophthalmologist
- Behavioral Health
- Dental Care
- Services rendered in any emergency room or network urgent care center or convenience care clinic.
- Physician services for emergency/unscheduled admissions.
- Any services from inpatient consulting physicians.
- Podiatry
- Radiology services
- Laboratory services
- Dialysis
- Physical Therapy, Occupational Therapy, Speech Therapy
- Chiropractor
- Allergy & Immunology
- Audiology
- Pulmonary Medicine
- Hospice & Palliative Medicine
- Home Health services for example durable medical equipment
- Any other services for which applicable laws and regulations do not allow us to impose a referral requirement.

Exceptions to the referral rules

There are exceptions to the general referral requirements. These exceptions are as follows:

- **Laboratory Services:** No referral is required. However, per the laboratory policy, please refer UnitedHealthcare Community Plan members only to outpatient laboratory service providers. The list of participating laboratories is available at UHCCommunityPlan.com >For Health Care Professionals (click on MD) > Claims and Member Information > Search for a Provider > Enter Zip Code > Select Your Plan > LabCorp Laboratories.
- **Eye Exam:** Referrals are not required for services performed by an optometrist or ophthalmologist.
- **Post-Operative Care:**
Referrals are not required for services related to a surgical procedure during the postoperative period included in the global fee paid if performed by the same physician practice.

The PCP must write a new referral if the member needs to be seen by the same physician for a new issue or a new physician for services related to the surgical procedure.

- **Radiology Services:** A referral is not needed for routine radiology services. However, per the updated radiology 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) codes 70000-79999 to freestanding facilities when clinically appropriate and when access to these facilities is readily available for members. Outpatient radiology services, if required in conjunction with emergency room visits and/or outpatient observation confinement, are excluded. The most up-to-date list of network facilities can be found at UHCCommunityPlan.com > For Health Care Professionals (click on MD) > Claims and Member Information > Search for a Provider > Enter Zip Code > Select Your Plan to see a list of contracted facilities.

Self-referrals

Members can continue to follow self-referral guidelines for the following services:

- Family planning services
- Services performed by school-based health centers
- Pregnancy-related services
- Initial medical examinations for children in State custody
- One annual diagnostic and evaluation service (DES) visit for any member diagnosed with HIV/AIDS
- Renal dialysis services performed by Medicare-certified facilities
- Initial examinations newborns in hospitals by on-call physicians
- Emergency services
- Prenatal, intrapartum and postpartum services performed at a freestanding birth center in Maryland

Standing referrals

PCPs may issue a standing referral, subject to the following guidelines:

- Standing referrals are valid for a specific length of time up to six months or a specific number of visits, or both.
- PCPs may issue standing referrals on a UnitedHealthcare Community Plan referral form, or a uniform referral form. Remember to write "standing referral" on the referral form. If you do not, claims may be denied.
- The following diagnoses are eligible for standing referrals:
 - AIDS/HIV
 - Myasthenia Gravis
 - Parkinson's disease
 - Amyotrophic Lateral Sclerosis
 - Cancer
 - Epileptic seizures
 - Cystic Fibrosis
 - Glaucoma
 - Seizures
 - Multiple Sclerosis
 - Thrombotic Thrombocytopenia Purpura
 - Cerebral Palsy

- The following specialties are eligible for standing referrals:
 - Bone marrow Transplant
 - Gynecologic Oncology
 - Hematology/Oncology
 - Hepatology

- Pediatric Hematology/Oncology
- Radiation Oncology
- Respiratory Therapy
- Surgical Oncology
- Transplant Hepatology

To obtain approval for services which meet the standing referral criteria, but is not listed, PCPs should call the number on the reverse side of the member's ID card.

Prior authorization

UnitedHealthcare Community Plan in Maryland will continue to require prior authorization for certain planned services. Prior authorization will be granted only for services determined to be medically necessary per the member's benefit coverage, as reflected in our **Medical & Drug Policies and Coverage Determination Guidelines** at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines.

The list of services requiring prior authorization is the same as the services on the advance notification list in the UnitedHealthcare Provider Administrative Guide, which can be found on UHCCommunityPlan.com. You can also be directed there via UnitedHealthcareOnline.com

Other protocols

All other protocols and guidelines outlined in the UnitedHealthcare Community Plan Provider Administrative Guide will remain as is.

For more information, please call UnitedHealthcare provider services at 877-842-3210.