Specialist referral requirements

UnitedHealthcare Community Plan Members in Maryland

Frequently asked questions

Overview

The goal of this referral process is to help increase primary care provider (PCP) engagement with patients and help foster collaborative partnerships between PCPs and specialists. Through improved engagement and collaboration, we hope to increase the overall quality of care for our members and achieve improved HEDIS® scores.

Frequently asked questions

When did this requirement take effect?

The PCP referral requirement for Maryland UnitedHealthcare Community Plan member specialist visits took effect on Oct. 15, 2015. As of this date, most claims submitted by a specialist require a referral to be on file with UnitedHealthcare. If a referral is not on file for the member, the claim will be denied.

Is each UnitedHealthcare Community Plan member required to have an assigned PCP?

Yes. UnitedHealthcare Community Plan of Maryland assigns a PCP to each member. However, the member has the option to choose a different PCP. The member's PCP is identified on the member's identification card.

Does the referral requirement apply to all providers and UnitedHealthcare Community Plan of Maryland members?

Yes. All providers and UnitedHealthcare Community Plan of Maryland members must follow the referral requirements.

Are specialists or facilities required to confirm referrals?

Specialists are expected to confirm if a referral exists when UnitedHealthcare Community Plan members are scheduling appointments. In all instances, PCPs should provide a copy of the referral to members and instruct them to present it to the specialist's office. **Please note:** Facilities are exempt from the new referral requirement and should continue to follow present protocols found in the **Care Provider Manual.**

Key points

- Referrals are required for all Maryland UnitedHealthcare Community Plan member specialist visits

- All providers and UnitedHealthcare Community Plan of Maryland members are subject to follow the referral requirements

How many visits are included for each referral?

Referrals are valid for 12 visits for a maximum of 6 months from the date it is signed or electronically filed.

Are there services that do not require a referral from the member's PCP?

Yes. Referrals are not required for services from:

- Allergy and immunology
- Any participating network obstetrician/gynecologist and perinatologist
- Any services for which applicable laws and regulations do not allow us to impose a referral requirement
- Any services from inpatient consulting physicians
- Audiology
- Behavioral health
- Chiropractor
- Routine refractive eye exam from a participating network provider
- Eye care services provided by an optometrist or ophthalmologist
- Dental care
- Dialysis
- Home health services such as durable medical equipment
- Hospice and palliative medicine
- Laboratory services
- Physical therapy, occupational therapy, speech therapy
- Physician services for emergency/unscheduled admissions
- Podiatry
- Pulmonary medicine
- Radiology services
- Services rendered in any emergency room, network urgent care center or convenience care clinic

Are there exceptions to the referral process?

There are exceptions to the general referral rules, including the following:

Laboratory services: No referral is required. However, per the laboratory policy, please refer UnitedHealthcare Community Plan members only to the outpatient laboratory service providers that appear on the most current list of participating laboratories at **UHCprovider.com/findprovider.** Please review this list carefully and use it for all member laboratory referrals.

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 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: A referral is not needed 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 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. The most up-to-date list of contracted facilities can be found at **UHCprovider.com/findprovider.**

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What if members need to see their specialist often? Do they need a referral for every visit?

Generally, referrals are valid for up to 12 visits within a 6-month period. In addition, for select services, a standing referral may be submitted by the member's PCP. The standing referral authorizes extended specialist visits for up to 6 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:

Diagnoses eligible for a standing referral

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

Specialty types eligible for a standing referral

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

What if a UnitedHealthcare Community Plan member requires care that is not available from a participating specialist or facility?

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 will determine whether a network provider is available to treat the patient's condition. If one is not available, we will assess whether in-network benefits will be granted for such services from an out-of-network provider.

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How can the administrative staff at physician offices or facilities search for participating physicians, facilities or other health care professionals in the UnitedHealthcare Community Plan network?

Go to **UHCprovider.com/findprovider** for our Provider Directory.

Who is responsible for generating referrals?

The member's PCP generates referrals to network specialists and coordinates their care prior to the member seeking care with any network specialist. In all instances, PCPs should provide a copy of the referral to members 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.

How does the PCP complete a specialist referral?

Paper referral forms must be signed and dated. All referrals must contain the required information. Submit them using one of following methods:

- Online: Go to the UnitedHealthcare Provider Portal at **UHCprovider.com/referrals**
  - Select Sign In at the top-right corner
  - Enter your One Healthcare ID and password. If you don't have a One Healthcare ID, visit **UHCprovider.com/access** to get started
  - Select Referrals and enter your information
- Fax 888-624-2748
- Mail: Send paper copies to:

  UnitedHealthcare
  P.O. Box 31365
  Salt Lake City, UT 84131-1362

How can providers check the status of the member referral?

You can verify the status of the referral online at **UHCprovider.com/referrals** or by calling Provider Services at **877-842-3210.** 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.

Can PCPs submit referrals retroactively?

We don't accept retroactive referrals that are more than 5 days old.

Will some services continue to require prior authorization?

Yes. Some services will continue to require prior authorization. That process has not changed.

Is admission notification required for UnitedHealthcare Community Plan members?

Yes. Our admission notification requirement has not changed.

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?

In either case, the referred specialist must contact the member's PCP for consideration of an additional referral.

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Can providers submit a copy of a referral with a denied claim reconsideration request?

Denied claims related to referrals are not eligible for reconsideration. Providers must appeal the denial directly through UnitedHealthcare and include proof that the referral was submitted within the 5-day timeline. If the denial is overturned, PCPs must resubmit the referral, since it cannot be submitted retroactively.

Who can a provider or administrative staff contact If they have questions about the referral requirement or need assistance submitting the form?

They can call Provider Services at **877-842-3210** for more information.

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