

Specialty referral requirements

Frequently asked questions

Overview

Starting Nov. 17, 2021, UnitedHealthcare Community Plan of New Jersey (UHCCPNJ) is implementing a referral process for members who need specialty care. This requires primary care providers (PCPs) to generate a referral for members to see in-network specialists. In these frequently asked questions (FAQs), the term referrals also applies to standing referrals.

PCPs should start using this referral process for specialist visits beginning on Nov. 17, 2021. This referral process will be implemented for all in-network providers and UnitedHealthcare Community Plan NJ FamilyCare/Medicaid members, including members who receive managed long-term services and supports (MLTSS). Currently, the referral requirement does not apply to UnitedHealthcare Dual Complete® ONE (FIDE SNP) members.

We will not issue specialist claim denials for dates of service between Nov. 17, 2021, and Jan. 1, 2022, to allow time for you and your staff to generate referrals on behalf of members using the new process. **After Jan. 1, 2022, a referral must be in place for dates of service on or after this date prior to the specialist visit for the specialist claim to be paid.**



Questions?

If you have any questions, please contact Provider Services at **888-362-3368**, 8 a.m.–6 p.m. ET, Monday–Friday.

Frequently asked questions

Why are we implementing a primary care provider (PCP) to specialty referral process?

The goal of this referral process is to increase the PCP's engagement with their patients and help foster collaborative relationships between PCPs and specialists. Facilitating this enhanced engagement and collaboration is also a response to feedback from PCPs asking for support related to network care coordination. Care coordination can increase the overall quality of care for our members through appropriate resource stewardship, and we anticipate improved Healthcare Effectiveness and Data Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores over the long term.

Additionally, care coordination is a key tenet, and often a requirement, for value-based care programs like the National Committee for Quality Assurance's (NCQA) Patient-Centered Medical Home (PCMH) program.

When will this change occur?

Members with planned care needs during the ramp-up period should not have their services interrupted. We encourage PCPs to quickly integrate this process into practice for specialist visits.

PCPs should begin generating referrals through this process on Nov. 17, 2021, for appointments with a date of service beginning on this date. We will not issue specialist claim denials for dates of service between Nov. 17, 2021, and Jan. 1, 2022, to allow time for PCPs to generate referrals on behalf of members using the new process.

After Jan. 1, 2022, a referral must be in place for dates of service on or after this date, prior to the specialist visit for the specialist claim to be paid.

Who will be impacted by this change?

All in-network providers and UnitedHealthcare Community Plan of NJ FamilyCare/Medicaid members, including members who receive MLTSS. Currently the referral requirement does not apply to UnitedHealthcare Dual Complete ONE (FIDE SNP) members.

How will providers know about the change?

Communications were posted 90 days in advance of the Jan. 1, 2022, go-live date to network providers.

How will members know about the change?

Communications were sent 30 days in advance of the Jan. 1, 2022, go-live date to all UHCCPNJ members affected by this change.

Since UnitedHealthcare is introducing a new PCP referral process to see specialists, does the member need to have an assigned PCP?

Yes. UHCCPNJ assigns a PCP to each member. However, members have the option to choose a different PCP by contacting UnitedHealthcare. The member's PCP is identified on the member's ID card. Members may change their PCP by calling Member Services at **800-941-4647**, TTY **711**.

Who is responsible for generating referrals?

The member's assigned PCP is responsible for generating referrals to network specialists and coordinating care prior to the member seeking care with any network specialist.

The PCP practice listed under the same tax ID number (TIN) as the assigned PCP may also generate the referral when it is deemed necessary for that member's care and approved by the member's assigned PCP. PCPs who are not assigned to the member will not be able to generate a valid referral.

A referral is not required for a member to see a specialist within the same Federally Qualified Health Center (FQHC).

How does the PCP complete a specialist referral?

Referrals and standing referrals must be submitted through one of the following methods before the specialist visit. Retroactive referrals are not accepted. Online referrals are highly recommended for quicker confirmations.

Online: Referrals are entered electronically through UHCprovider.com by signing in to your One Healthcare ID account and choosing the **Referrals** tab. Choose Payer ID 86047 from the dropdown menu. Electronic submissions may also be accepted through the Authorization and Referral Request (278) transaction.

Fax: Send fax referrals to 844-881-1937. Use the referral form found on UHCprovider.com/referrals > **UnitedHealthcare Community Plan of New Jersey – Specialist Referral Form**.

Mail: Send a completed referral form available at UHCprovider.com/referrals > **UnitedHealthcare Community Plan of New Jersey – Specialist Referral Form** to:

UnitedHealthcare Community Plan of New Jersey
Attn: Referrals
P.O. Box 31365
Salt Lake City, UT 84131-1362

Is there training available on how a PCP should submit an online specialist referral?

Yes. Visit UHCprovider.com/referrals > Referrals resource page for more information. Here, you can choose from a virtual **self-paced user guide** or register for live training.

What information does the submitting provider need to submit the referral?

The submitting provider would need to include the member information, the specialist information, diagnosis code and the visit/date information.

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

Yes. Referrals are not required for the following services or conditions:

- Emergency services
- Women's health care, including midwife
- Audiology
- Family planning
- HIV and STI screenings
- Pregnant members
- Members with an HIV/AIDS diagnosis
- Eye care when performed by a participating optometrist
- Dental care
- Behavioral health (mental health and substance use)
- Smoking cessation
- Maternal depression screening
- Services rendered in any emergency room or network urgent care center
- Physician services for emergency/unscheduled admissions
- Provider's part of inpatient hospital care or inpatient surgical teams
- Chiropractic services

- Laboratory services: 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 > Find Dr. > Search for Doctors, Clinics or Facilities, click on Search for a Provider > Medical Directory > Medicaid Plans > New Jersey > Choose the member's plan. Under Additional Provider Resources, see "Looking for a Lab?". Then, search for an in-network lab from the available links.
- Please refer to the UnitedHealthcare Community Plan Coverage Determination Guidelines for **Physical therapy, occupational therapy** and **speech therapy**. Therapies continue to be subject to any existing policies and prior authorization requirements.
- Postoperative care: Services related to a surgical procedure during the postoperative period are included in the Global Fee 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 for a new physician for services related to the surgical procedure.
- Routine radiology services. Advanced radiology services, like computed tomography (CT) scan, magnetic resonance imaging (MRI), etc., require prior authorization.
- Any other services for which applicable laws and regulations do not allow us to impose a referral requirement
- Any services from inpatient consulting physicians (i.e., radiologist, pathologist, anesthesia, etc.)
- A specialist who has arranged to act as the member's PCP does not need a referral for themselves. Specialists should review the provider manual to learn how to become approved to serve as the member's PCP. Once approved, a specialist acting as a PCP will be required to issue referrals to other specialists as required.

How many visits are included for each referral?

Each referral is valid for 1–6 visits over a maximum of 6 months. If the PCP does not indicate number of visits, the referral is valid for 1 visit only for a maximum of 6 months from the date it is signed or electronically filed.

What if a member needs to see a specialist often? Do they need a referral for every visit?

A standing referral can be submitted by the PCP for certain medical diagnoses. The standing referral allows members to visit a specialist for up to 6 months for up to 99 visits. The standing referral process is valid for diagnoses such as:

- Myasthenia gravis
- Allergies
- Parkinson's disease
- Amyotrophic lateral sclerosis
- Cancer
- Epileptic seizures
- Cystic fibrosis
- Anemia
- Renal failure
- Seizures
- Multiple sclerosis
- Thrombotic thrombocytopenic purpura
- Cerebral palsy

Standing referrals can be submitted using any of the methods outlined in the "How does the PCP complete a specialist referral?" section.

What if a member requires care 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 out-of-network providers.

UnitedHealthcare Community Plan, in accordance with member benefits and state regulations, will determine whether an in-network provider is available to treat the patient's condition. If one is not, we will assess whether in-network benefits will be granted for such services from an out-of-network provider.

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?

The most up-to-date list of contracted providers and facilities can be found at UHCprovider.com > Find Dr. > under Search for Doctors, Clinics or Facilities, click on Search for a Provider > Medical Directory > Medicaid Plans > New Jersey > Choose the member's plan.

Enter a street address, city and state, or 5-digit ZIP code of the member's desired location for a specialist. Type in a provider name, service or condition and click Search. Or, under Find Health Care by Category, choose from People, Places, Services and Treatments or Care by Condition to find a list of contracted specialist providers.

Can member referrals be viewed online?

You can submit new referral requests and check the status of referral submissions online. Go to UHCprovider.com > Sign In > Referrals. For training on how to navigate this, choose from a virtual [self-paced user guide](#) or register for live training by visiting UHCprovider.com/referrals > [Referrals resource page](#) > [Register for Live Training](#).

Are practices required to submit referrals online?

The online electronic referral submission process is strongly recommended. Providers must register by visiting UHCprovider.com > Sign In > Referrals. Mailed and faxed referrals are accommodated. Please refer to "How does the PCP complete a specialist referral?" for how to submit mailed or fax referrals.

Are specialists or facilities required to confirm referrals?

Specialists are expected to confirm if a referral exists when UHCCPNJ members are scheduling appointments. You may confirm if a referral exists for a member by calling Provider Services at **888-362-3368**, 8 a.m.–6 p.m. ET, Monday–Friday, or by visiting UHCprovider.com > Sign In > Referrals to check on the status of a referral. Providers without a One Healthcare ID will need to create one to view referrals on UHCprovider.com. Referrals submitted by phone or fax will also appear online within the Referrals section after signing in to UHCprovider.com. A specialist can accept a faxed referral form or receive the paper referral from the member.

Can providers print the referral (both submitting and receiving) if they submit online?

Yes. There is a print option within the Referrals page after signing in to UHCprovider.com. The print icon is located at the top of the screen after clicking on Referrals.

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 member's PCP must be contacted for consideration of submission of an additional referral.

Will some services continue to require prior authorization?

Yes. The prior authorization process has not changed. This referral requirement will not impact the prior authorization process. Some services will continue to require prior authorization.

Is admission notification required for UnitedHealthcare Community Plan members?

Yes. Our admission notification requirement has not changed.

What happens to members currently in treatment with a specialty physician?

All members in active treatment can continue to receive treatment from their specialty physician. Any visits with a date of service after the Jan. 1, 2022, effective date will require a referral to be generated by the PCP.

What if the specialty provider is unable to reach the member's PCP prior to service?

The PCP must generate a referral for the member to receive specialty care. If the PCP is non-responsive, the specialist may have the member contact Member Services for UHCCPNJ to change the assigned PCP by calling the number on the back of their ID card.

The specialist may also contact Provider Services at **888-362-3368**, Monday–Friday, 8 a.m.–6 p.m. ET to inform the health plan of follow-up action with the PCP at the discretion of the health plan.

Specialists may also receive approval to serve as the member's PCP. Specialists should review the UHCCPNJ care provider manual to learn how to become approved to serve as the member's PCP. Once approved, a specialist acting as a PCP will be required to issue referrals to other specialists, as required.

If UHCCPNJ is the secondary insurance carrier, is a referral required?

A referral is not required when UHCCPNJ is the secondary insurance carrier.

How does the PCP make the correct selection if a specialist listed in the referral tool has multiple addresses or only a single primary address?

The referral will be based on the specialist's TIN, regardless of the displayed location. We recommend that PCPs should contact the specialist directly to confirm the specialist's address and TIN.

If a provider or their staff have questions or need assistance with submitting referrals, or have questions about this new PCP referral requirement, who can they contact?

Please call Provider Services for UHCCPNJ at **888-362-3368**, Monday–Friday, 8 a.m.–6 p.m. ET.