



Preferred Referral Protocol for M.D.IPA and OCI

This protocol is specific to the Mid-Atlantic Health Plan referral process and applies to members with M.D. Individual Practice Association, Inc. (M.D.IPA) and Optimum Choice, Inc. (OCI) health benefit plans, as well as all network physicians and other health care professionals.

Referral Requirements

Members with M.D.IPA and OCI benefits must obtain a referral from their primary care provider (PCP) for most specialty services. Members with M.D.IPA Preferred or Optimum Choice Preferred benefits don't need a referral when using their point-of-service level of benefits. Members don't need a referral for routine eye refraction exams, OB-GYN visits and emergency or urgent care services.

Please verify the member's eligibility and benefits using eligibilityLink. Sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner. Then, select the eligibilityLink tile on your Link dashboard. You can also call Provider Services at **877-842-3210**.

Referral Submission Guidelines

Referrals must be generated by a network physician or health care professional. Please refer to the following guidelines when submitting a referral.

- The referral is only valid when the PCP creates an electronic referral or signs and dates a paper referral. Referrals must be completed on or before the date of service.
- Paper referrals must be signed and dated by the PCP. Electronic referrals don't require signatures.
- If the PCP doesn't indicate the number of visits, the referral is valid for one visit for a maximum of six months from the date it's signed or electronically filed.
- The member may present the referral form or the electronic referral number to the specialist at the time of the visit. Or, the PCP's office can mail or fax the written paper referral.
- A maximum of four visits are allowed, except for those services listed under "Exceptions to the Referral Rules."
- Retroactive referrals aren't valid.
- Specialists should verify the member has a referral before rendering any services. Once the visits or time has expired on the original referral, the specialist should advise the member to obtain another referral from their PCP.

You can submit a new referral and/or check the status of an existing submission using the referralLink tool on Link. Sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner. Then, select the referralLink tile on your Link dashboard. Learn more at **UHCprovider.com/referrals**.

Or, the paper referral form is available at **UHCprovider.com/referrals** > Additional Resources > [Primary Care Physician Paper Referral Form for M.D.IPA, M.D.IPA Preferred, Optimum Choice and Optimum Choice Health Plans](#).

Reimbursement

To be reimbursed for visits and services specified on an approved referral, include a copy of the referral with the CMS-1500 form submission. Referrals generated electronically using our online referral system don't need to accompany the CMS-1500 form.

Specialists should accept a PCP electronic medical record (EMR)-generated referral form as long as all Maryland Universal Referral form fields are included.

Exceptions

There are exceptions to the general referral requirements. Some services require prior authorization before the PCP may issue the referral and some referrals can be made for more than four visits.

The exceptions are as follows.

- **Allergy Consultation and Shots:** A referral to a specialist for an initial allergy consultation covers the initial office visit, skin testing, any allergy antigen and one follow-up visit within 30 days. PCPs may issue a second referral marked allergy shots, which is valid for six months from the date of the referral for any number of visits.
- **Chemotherapy:** A referral is valid for any number of chemotherapy visits up to six months from the date of the referral.
- **Chiropractic:** Some benefit plans provide coverage for chiropractic services while others don't. Therefore, it's important to call the number on the member's health care ID card for verification of chiropractic services before writing or creating a referral.
- **Dialysis:** A referral is valid for any number of dialysis visits up to six months from the date of the referral. Dialysis facilities require a prior authorization. Please refer to **UHCprovider.com** > Prior Authorization and Notification > Advance Notification and Plan Requirement Resources > [UnitedHealthcare Mid-Atlantic Plans Prior Authorization Requirements](#).
- **Fracture Care:** A referral for fracture care is global and valid for six months from the date of the referral.
- **Laboratory Services:** See the Participating Provider Laboratory and Pathology Protocol at **UHCprovider.com** > Policies and Protocols > [Protocols](#). No referral is required. Either the PCP or the specialist may order services utilizing a commercial laboratory requisition. For information regarding which outpatient commercial medical laboratory to use, please refer to the member's ID card.
- **Routine Obstetrical, Gynecological, Reproductive Endocrinology and Maternal Fetal Medicine/Perinatology Care:** Referrals aren't required.
- **Physical Therapy, Occupational Therapy and Speech Therapy:** The initial referral for physical or occupational therapy is valid for up to eight visits per condition within six months from the referral date. If the referral doesn't indicate the number of visits, the referral will only be valid for one visit. Additional visits, after the first eight, require pre-authorization. For facilities, you must obtain an authorization for these services before the first visit. Please refer to **UHCprovider.com** > Prior Authorization and Notification > Advance Notification and Plan Requirement Resources > [UnitedHealthcare Mid-Atlantic Plans Prior Authorization Requirements](#).
- **Post-Operative Care:** Referrals aren't required for services related to a surgical procedure during the post-operative period that 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.

- **Radiology Services:** A referral isn't needed for routine radiology services. For more information about non-routine services, please see the M.D.IPA, M.D.IPA Preferred, Optimum Choice and Optimum Choice Preferred Radiology Service Protocol at UHCprovider.com/md > [Commercial](#) > Mid-Atlantic Health Plan – UnitedHealthcare M.D.IPA Plan and Optimum Choice. Specific vendors are available for referral based on the county listed on the health plan ID card. Either the PCP or specialist can order these services on a prescription or requisition form. If PCPs are referring a member to a specialist for non-routine radiology services, such as a carotid ultrasound performed by an in-network cardiologist, a referral is needed.

Standing Referrals

A standing referral is valid for a stated length of time up to six months or a specific number of visits, or both, and may be issued only for specific diagnoses. The PCP may issue a standing referral on a UnitedHealthcare referral form or a uniform referral form. You can find the UnitedHealthcare referral forms at UHCprovider.com > Policies and Protocols > [Protocols](#) > Primary Care Physician Referral Form. The following diagnoses are eligible for standing referrals without prior authorization.

- AIDS/HIV
- Allergies
- Amyotrophic Lateral Sclerosis
- Bipolar Disorder
- Cancer
- Cystic Fibrosis
- Epileptic Seizures
- Glaucoma
- Multiple Sclerosis
- Myasthenia Gravis
- Parkinson's Disease
- Renal Failure (acute)
- Schizoaffective Disorders/Schizophrenia Seizures
- Thrombotic Thrombocytopenia Purpura

To obtain prior authorization for a diagnosis that meets the standing referral criteria but isn't listed here, contact the number on the back of the member's health plan ID card.

Questions?

If you have questions, please call Provider Services at **877-842-3210**.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Co. of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.