

REFERRALS

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- | Related Policies |
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| <ul style="list-style-type: none"> • Behavioral Health Services • Emergency Room Visits (Including Coverage of Members Outside of the United States) • Genetic Testing for Hereditary Cancer • Manipulative Therapy • Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement) • Requests for In-Network Exceptions • Transportation Services • Vaccines |

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

Note: Non-gatekeeper plans and products are **excluded** from this policy as Referrals are not required however, Precertification guidelines would still apply for those covered services that require Precertification.

PURPOSE

The purpose of this document is to discuss Oxford's policy on Referrals.

DEFINITIONS

Gatekeeper Product: These are products in which all covered services* performed by network Physicians and/or other network Health Care Professionals, other than those covered services performed by the Customer's PCP or OB/GYN, require a Referral from the Member's PCP to a network Provider.

***Note:** Emergency services and urgent care services never require a Referral.

Non-Gatekeeper Product: These are products in which all covered services* performed by network Physicians and/or other network Health Care Professionals do not require a Referral from the Customer's PCP to a network Provider.

Non-Participating Provider: A Provider who doesn't have a contract with Oxford to provide services to Oxford Members OR a provider not contracted with the network available to a Member.

Oxford: Benefit plans issued or administered by any of the following entities: Oxford Health Plans, LLC, Oxford Health Insurance, Inc. Investors Guaranty Life Insurance Company, Inc., Oxford Health Plans (NY), Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc.

Participating Provider (Physician, Specialist, Hospital, Ancillary): A Provider who has a contract with Oxford to provide services to specific Oxford Members (i.e., Freedom, Liberty, networks).

Precertification: An authorization given by Oxford that must be received **prior** to a Member receiving a covered service (i.e.; procedure, treatment plan, device, or prescription drug, etc.). Also referred to as an authorization or pre-authorization.

Primary Care Physician (PCP): A participating family practitioner, general practitioner, internist, or pediatrician who provides preventive care services and who has the primary responsibility of coordinating all aspects of a Member's healthcare.

Prohibited Referrals: Defined by applicable law and include but are not limited to instances where a provider or the provider's relative have a financial interest in the Referral.

Referral: An authorization given to one Participating Provider from another Participating Provider (usually from a PCP to a participating Specialist) in order to arrange for additional care for a Member.

POLICY

Overview

When a Member needs medical care that a PCP or OB/GYN cannot provide within the scope of his/her practice, a Referral can be generated for services to a Participating Specialist, Hospital, or other Ancillary Provider within the applicable network of providers available to the Member.

The Referral allows a Member of a Gatekeeper Product to receive services from a Participating Specialist on an in-network basis.

Note: While Members of Non-Gatekeeper Products do not need Referrals to see Participating Specialists on an in-network basis, Precertification requirements still apply.

A Referral does not guarantee coverage for the services provided by the Participating specialist. Services are subject to:

- Medical necessity, as determined by Oxford's medical policies;
- Member eligibility on the date(s) of service; and
- Member's benefits as defined in the conditions, terms and limitations of their Summary of Benefits/Certificates/Contract.

Participating Oxford Providers

- A Referral cannot be submitted in lieu of Precertification for those covered services that require Precertification.
- A Referral must be submitted for covered services rendered by Participating Providers and for those covered services that do not otherwise require Precertification. Refer to the [Procedures and Responsibilities](#) section below for a list of Exceptions to Referral Requirements.
- When a claim is received from a Participating Provider, a Referral must be on-file with the health plan within 72 hours of the date of service in order for the claim to be processed in-network.
- Referrals must be made to a Participating Providers within the Member's network. **Example:** A Liberty Member must be referred to a Participating Provider who participates in the Liberty network. The network is noted on the Member's ID card.
- Services for Members who self-refer to a Participating Provider will be handled according to the following grid:

If you are a Member of this product...	and you self-refer to a Participating Oxford Specialist, then...
Gatekeeper plan without out-of-network benefits (HMO only)	Services would not be eligible for coverage.
Gatekeeper plan with out-of-network benefits	Services would be eligible for out-of-network coverage (subject to plan deductible and cost share requirements).
Non-Gatekeeper plan with or without out-of-network benefits	Services would be eligible for in-network coverage.

Non-Participating Providers

Members with out-of-network coverage may self-refer to Non-Participating Providers for medically necessary Covered Services and be eligible for coverage. Services provided by Non-Participating Providers are subject to the Member's out-of-network deductible, cost share, and-out of-pocket maximums as well as Precertification requirements.

PROCEDURES AND RESPONSIBILITIES

Who May Issue a Referral

A Referral to a Participating Specialist, Hospital, or Ancillary Provider can be issued by any Participating PCP or OB/GYN. Participating Specialists can only issue Referrals for certain types of covered services as outlined in the grid below.

Participating Oxford Provider Specialty	Referrals may be submitted for:		
	Any Diagnostic Procedures	Therapeutic Services (such as physical and occupational therapy)	All Specialist Care
Note: Precertification guidelines still apply for those covered services that require Precertification. In addition, Referrals must be to a Participating Oxford Provider within the Member's applicable network.			
Any specialist	X		
Chiropractor	X	X	
General Surgeon/Pediatric General Surgeon	X	X	
Gynecological Oncologist/Pediatric Gynecological Oncologist	X	X	
Hematologist-Oncologist/Pediatric Hematologist-Oncologist	X	X	
Infectious Disease (i.e., HIV, Lyme disease) Specialist/Pediatric Infectious Disease Specialist	X	X	X
Nephrologist/Pediatric Nephrologist	X	X	X
Neurologist/Pediatric Neurologist	X	X	
Neurosurgeon/Pediatric Neurosurgeon	X	X	
Oncologist/Pediatric Oncologist	X	X	X
Orthopedists/Pediatric Orthopedist	X	X	
Pain Management Specialist	X	X	
Physiatrist/Pediatric Physiatrist	X	X	
Primary Care Provider (PCP)	X	X	
Rheumatologist/Pediatric Rheumatologist	X	X	

Note: For a list of Referral exceptions, refer to [Exceptions to Referral Requirements](#) (below).

If a Participating Provider issues a Referral for services which fall outside of the parameters applicable to his/her specialty (as noted in the above grid), the Member is "held harmless" and is considered to have fulfilled the requirement of obtaining a valid Referral. Oxford reserves the right to monitor the issuance of Referrals by Participating Providers.

If the Participating Provider has never seen the Member before, the Provider has the right to ask the Member to come in for an examination and diagnosis before issuing a Referral.

In an existing Participating Provider/Member relationship, if a Member requests an Oxford Referral and the Participating Provider believes the Referral is appropriate, the Referral may be generated without seeing the Member. This is done entirely at the discretion of the Participating Provider.

Note: Referrals to a Participating Behavioral Health Specialist can be obtained from a Member's PCP or by calling 1-800-201-6991. Oxford administers benefit coverage for behavioral health services in coordination with OptumHealth Behavioral Solutions. Refer to the policy titled [Behavioral Health Services](#) for additional information on what services may or may not require a Referral (or Precertification).

Parameters of Referrals

A Referral is issued for a defined time period and for a maximum quantity of services, as defined by the referring physician. Unless otherwise specified by the provider or the applicable Member certificate, a Referral is valid for 1 visit within 180 days (6 months) of the date the Referral was issued. When a physician indicates both a time limit and a number of visits, the Referral defaults to whichever comes first.

Example: If 6 months and 4 visits are selected, and the patient utilizes 4 visits in 3 months, s/he would need another Referral for more services.

The maximum number of visits for which a Referral can be generated is 30 visits within 180 days (6 months). If more visits are necessary within this timeframe, another Referral must be generated unless a Standing Referral has been approved (see below).

Standing Referrals

Oxford may approve standing Referrals to Participating Specialists or Ancillary Providers for those Members who may require ongoing specialist treatment. Standing Referrals are provided when the Participating Provider is requesting greater than thirty visits within a six month period, or covered services beyond a six month period, but less than twelve months. This may be applicable to any Member with a life threatening or degenerative and disabling condition (i.e., complex medical condition). For additional details regarding the parameters of a Standing Referral, refer to the applicable Member certificate.

Note: When a benefit is limited to a number of visits, the service will be covered up to the benefit limitation as stated in the applicable Member certificate or Summary of Benefits, and not the timeframe specified in the Referral.

Transferring an Oxford Referral

A Referral can be transferred to and honored by a different provider than originally indicated on the Referral, and would be payable in-network if the provider:

- Is a Participating Provider for the Member's network; and
- Has the same specialty or specialty grouping as the original referred to provider.

Referrals should not be issued for services already provided. In cases where the Participating Oxford Provider is administratively unable to submit a Referral prior to the services being rendered, Oxford will allow the Referral to be generated up to 72 hours after the services were rendered.

Oxford will not pay for claims of services arising out of prohibited physician self-referrals (refer to [Definitions](#) section above). Oxford reserves the right to monitor retroactive Referral generation and compliance with this policy.

Exceptions:

- **Chiropractic Services:** Refer to the following chiropractic policy for additional details: [Manipulative Therapy](#).
- **Physical/Occupational Therapy Services:** Refer to the following physical/occupational therapy policy for additional details: [Outpatient Physical and Occupational Therapy \(OptumHealth Care Solutions Arrangement\)](#).

How Referrals are Submitted

A Referral can be submitted via phone, EDI or online at OxfordHealth.com. Refer to the [UnitedHealthcare Provider Administrative Guide](#), including the [Oxford Commercial Supplement](#), for additional details.

Once submitted, the referring provider will receive a reference number which serves as confirmation of Oxford's receipt of the Referral submission. The referring provider should communicate the reference number of the Referral to the Member. The Member can bring this to the specialist or the specialist can directly confirm a Referral is on file through [oxfordhealth.com](#).

Exceptions to Referral Requirements

The following services do not require a Referral when provided by a Participating Provider. Refer to the applicable policy for additional information.

Service(s)	Additional Information
Ambulance services in medical emergencies	Refer to the policy titled Transportation Services policy.
Blood transfusions and autologous blood banking	N/A

Service(s)	Additional Information
Circumcision	Referrals are not required for CPT codes 54150 and 54160 only . Refer to the policy titled Site of Service Guidelines for Certain Outpatient Surgical Procedures for additional information on CPT code 54161.
Diabetes self-education and management	N/A
Emergency care	Refer to the policy titled Emergency Room Visits (including Coverage for Members Outside the United States) for additional information.
Immunizations and vaccinations	Refer to the policy titled Vaccines for additional information.
Laboratory	<p>Exclusions: A Referral cannot be submitted in lieu of Precertification for the following covered services that require Precertification.</p> <ul style="list-style-type: none"> • CPT codes 0007U, 80307 and HCPCS codes G0480-G0483 require a Referral in the office (when provided by a provider other than the Members PCP or OBGYN) and Precertification in all other sites. • The following laboratory services may require Precertification. Please refer to the following policies for additional information. <ul style="list-style-type: none"> ○ Chemosensitivity and Chemoresistance Assays in Cancer ○ Chromosome Microarray Testing ○ Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood ○ Gene Expression Tests for Cardiac Indications ○ Genetic Testing for Hereditary Cancer ○ Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions ○ Pharmacogenetic Testing ○ Whole Exome and Whole Genome Sequencing
Mammograms	Refer to the policy titled Breast Imaging for Screening and Diagnosing Cancer for additional information.
Prostate cancer screening	Refer to the policy titled Preventive Care Services for additional information.
Radiologist or radiology facility	Accreditation and Precertification guidelines may apply. A Referral cannot be submitted in lieu of Precertification for those covered services that require Precertification. Please refer to the following policies for additional information: <ul style="list-style-type: none"> • Accreditation Requirements for Radiology Services • Breast Imaging for Screening and Diagnosing Cancer • Credentialing Guidelines: Participation in the eviCore healthcare Network • Obstetrical Ultrasonography • Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement
Self-Referral by double-boarded, Oxford Participating Providers to themselves	N/A
Smoking/tobacco cessation counseling	Refer to the policy titled Preventive Care Services for additional information.
Visits to participating Primary Care Physicians (PCP) and OB/GYNs	N/A
Urgent care	N/A

REFERENCES

2018 [UnitedHealthcare Provider Administrative Guide](#) including [Oxford Commercial Supplement](#).

New York Physical Therapy Conflict of Interest Law. A3573, Chapter Law 591 (2000).

Oxford Certificate of Coverage.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2018	<ul style="list-style-type: none"> • Updated list of related policies to reflect title change for <i>Genetic Testing for Hereditary Cancer</i> [previously titled <i>Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC)</i>] • Revised procedures and responsibilities: <ul style="list-style-type: none"> ○ Modified language pertaining to how Referrals are submitted to indicate a Referral can be submitted via phone, EDI or online at OxfordHealth.com; refer to the <i>UnitedHealthcare Provider Administrative Guide</i>, including the <i>Oxford Commercial Supplement</i>, for additional details ○ Updated exceptions to Referral requirements; modified list of related policies for laboratory services that may require precertification: <ul style="list-style-type: none"> ▪ Added reference links to policies titled: <ul style="list-style-type: none"> - <i>Gene Expression Tests for Cardiac Indications</i> - <i>Genetic Testing for Hereditary Cancer</i> - <i>Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</i> - <i>Pharmacogenetic Testing</i> - <i>Whole Exome and Whole Genome Sequencing</i> ▪ Removed reference links to policies titled: <ul style="list-style-type: none"> - <i>Gene Expression Tests</i> - <i>Genetic Testing</i> - <i>Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC)</i> - <i>Molecular Profiling to Guide Cancer Treatment</i> • Updated supporting information to reflect the most current references • Archived previous policy version ADMINISTRATIVE 113.14 T0