PHYSICIAN SERVICES: PRIMARY CARE AND SPECIALIST VISITS

Policy Number: BIP132.G
Effective Date: June 1, 2019

Covered benefits are listed in three (3) Sections-A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

TEXAS:
Texas Insurance Code Chapter 1271, Section 1271.201:
(a) An evidence of coverage must provide that an enrollee with a chronic, disabling, or life-threatening illness may apply to the HMO's medical director to use a non-primary care physician specialist as the enrollee's primary care physician.

WASHINGTON:
WAC 284-43-200, Network Access - General Standards
(9) To provide adequate choice to enrollees who are American Indians/Alaska Natives, each health issuer must maintain arrangements that ensure that American Indians/Alaska Natives who are enrollees have access to covered medical and behavioral health care services provided by Indian health care providers.
Issuers must ensure that such enrollees may obtain covered medical and behavioral health services from the Indian health care provider at no greater cost to the enrollee than if the service were obtained from network providers and facilities, even if the Indian health care provider is not a contracted provider. Issuers are not responsible for credentialing providers and facilities that are part of the Indian health system. Nothing in this subsection prohibits an issuer from limiting coverage to those health services that meet issuer standards for medical necessity, care management, and claims administration or from limiting payment to that amount payable if the health service were obtained from a network provider or facility.

**RCW 48.43.045, (1)**
Every health plan delivered, issued for delivery, or renewed by a health carrier on and after January 1, 1996, shall:
(a) Permit every category of health care provider to provide health services or care included in the basic essential health benefits benchmark plan established by the commissioner consistent with RCW 48.43.715, to the extent that:
(i) The provision of such health services or care is within the health care providers' permitted scope of practice;
(ii) The providers agree to abide by standards related to:
(A) Provision, utilization review, and cost containment of health services;
(B) Management and administrative procedures; and
(C) Provision of cost-effective and clinically efficacious health services

**RCW 18.120.020:**
Definitions. (Effective until July 1, 2017.)
(4) “Health professions” means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dental anesthesia assistants under chapter 18.350 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; oculists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; nursing assistants registered or certified under chapter 18.88A RCW; and reflexologists certified under chapter 18.108 RCW; and medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.360 RCW.

(Effective July 1, 2017.)
(4) “Health professions” means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dental anesthesia assistants under chapter 18.350 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters
18.53 and 18.54 RCW; oculists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; massage therapists under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; nursing assistants registered or certified under chapter 18.88A RCW; reflexologists certified under chapter 18.108 RCW; medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, forensic phlebotomist and medical assistants-registered certified and registered under chapter 18.360 RCW; and licensed behavior analysts, licensed assistant behavior analysts, and certified behavior technicians under chapter 18.380 RCW.

RCW 18.64.011:
(28) “Practice of pharmacy” includes the practice of and responsibility for: Interpreting prescription orders; the compounding, dispensing, labeling, administering, and distributing of drugs and devices; the monitoring of drug therapy and use; the initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs; the participating in drug utilization reviews and drug product selection; the proper and safe storing and distributing of drugs and devices and maintenance of proper records thereof; the providing of information on legend drugs which may include, but is not limited to, the advising of therapeutic values, hazards, and the uses of drugs and devices.

WAC 246-863-110:
The term “monitoring drug therapy” used in RCW 18.64.011(11) shall mean a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:
(1) Collecting and reviewing patient drug use histories;
(2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and
(3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

WAC 246-863-100:
(1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011(11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.
(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists’ authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:
(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:
   (i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.
   (ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

1. Physician Care (Primary Care Physician, Provider and Specialist): Diagnostic, consultation and treatment services provided by the Member’s Primary Care Physician are covered. Physician/Practitioner Services (including network consultant and, where necessary, referral services by a Physician) provided by a licensed Physician/Practitioner within the network (also see the Benefit Interpretation Policy titled Emergency and Urgent Services).

2. Services of a Specialist are covered upon referral by Member’s Participating Medical Group or UnitedHealthcare. A Specialist is a licensed health care professional with advanced training in an area of medicine or surgery.

3. Examples of covered benefits include, but are not limited to:
   a. Consultation by a second Physician at the request of the member and/or attending Provider, which includes a written report of the history and physical of the member. (See the Benefit Interpretation Policy titled Member Initiated Second and Third Opinion).
   b. Preventive health examinations (see the Benefit Interpretation Policy titled Preventive Care Services).
   c. Establishment and implementation of an appropriate treatment plan by the Primary care Physician in consultation with the Specialist for members with complex or serious medical conditions, with an adequate number of access visits to Specialists to accommodate the treatment plan.
   d. Coumadin (anti-coagulation) monitoring performed at a free-standing clinic or a clinic within a hospital or that is attached to a hospital when referred and authorized by the member’s Primary Care Physician, Primary Medical Group, or IPA. **Note:** A PCP office visit copayment may be assessed by the Doctor of Pharmacy (PharmD) at the Coumadin clinic when the PharmD is (1) licensed by the state and is performing within the scope of practice and (2) performing under the direct supervision of an M.D. or D.O.
D. **NOT COVERED**

1. Treatment for any illness or injury provided by someone other than a licensed physician, surgeon, or healthcare professional.

2. Employer requests for clearance to work or documentation as a reason for missed work.

3. Services that are oriented toward treating a social, developmental or learning problem as opposed to a medical problem with the exception of covered rehabilitative and habilitative services. Refer to the Benefit Interpretation Policies titled **Habilitation Services for Oklahoma members**, [for Oregon members](#), [for Texas members](#) and [for Washington members](#), and **Rehabilitation Services (Physical, Occupational, and Speech Therapy for Oklahoma members)**, [for Oregon members](#), [for Texas members](#) and [for Washington members](#) for additional information.

4. Completion of forms, e.g., insurance, employment, school, sports, summer camp, Department of Motor Vehicle (DMV), etc.

5. Services for:
   a. Members that are engaged in active military duty.
   b. Any service required by an employer or conditions covered by Workers Compensation unless mandated by the state in Section A.

   **Note:** Refer to member's EOC.

E. **DEFINITIONS**

Physician:
- **OK’s Definition per EOC:** Any person holding a valid license to practice medicine or surgery, osteopathy, chiropractic, podiatry, optometry or dentistry, pursuant to the state licensing provision of Title 59 of the Oklahoma Statutes.
- **OR’s and TX’s Definitions per EOC:** Any licensed allopathic or osteopathic Practitioner
- **WA’s Definition per EOC:** Any licensed allopathic or osteopathic Physician.

Primary Care:
- **TX’s definition per EOC:** A Contracting Provider who is a Physician trained in internal medicine, general practice, family practice or pediatrics, and who has accepted primary responsibility for coordinating a Member’s health care services. Primary Care Physicians are independent contractors and are not employees of UnitedHealthcare.

Primary Care Physician (PCP):
- **OR’s definition per EOC:** A Network Provider who is a Physician trained in internal medicine, general practice, family practice, pediatrics or obstetrics/gynecology and who has accepted primary responsibility for coordinating a Member’s health care services. PCPs are independent contractors and are not employees of UnitedHealthcare.

Primary Care Provider:
- **WA’s definition per EOC:** Participating Provider who is trained and licensed and who has accepted primary responsibility for coordinating a Member’s health care services. Primary Care Providers are independent contractors and are not employees of UnitedHealthcare.

Provider:
- **OK’s Definition per EOC:** A Physician, Hospital, agency or other person that is licensed or otherwise qualified to deliver any of the health care services described in this Evidence of Coverage and Supplemental Benefit materials.
• **OR's, TX's and WA's Definition per EOC:** A person, group, facility or other entity that is licensed or otherwise qualified to deliver any of the health care services described in this Combined Evidence of Coverage and Disclosure Form and supplemental benefit materials.

### F. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
<th>State(s) Affected</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>06/01/2019</td>
<td>All</td>
<td>• Archived previous policy version BIP132.F</td>
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<tr>
<td></td>
<td>Oklahoma &amp; Texas</td>
<td>• Routine review; no content changes</td>
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<td></td>
<td>Oregon</td>
<td>Definitions</td>
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<td>• Updated definition of “Primary Care Physician (PCP)”</td>
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<td>Washington</td>
<td><strong>Federal/State Mandated Regulations</strong></td>
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<td>• Updated code title for WAC 284-43-200 Network Access General Standards; previously titled WAC 284-43-200 Patient Bill of Rights, Network Adequacy</td>
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