UnitedHealthcare referral requirements: Charter and Navigate

Quick reference guide

UnitedHealthcare Charter and Navigate benefit plans offer UnitedHealthcare commercial members a customized, more-focused network of health care professionals. Some plans require referrals.

Plan	PCP required	Accessing care		
		In network with referral	In network without referral	Out of network
Charter	Yes	Network benefits	No coverage*	No coverage*
Charter Balanced	Yes	Network benefits	Higher member cost share, lower level of benefits	No coverage*
Charter Plus	Yes	Network benefits	Higher member cost share, lower level of benefits	Non-network benefits
Navigate	Yes	Network benefits	No coverage*	No coverage*
Navigate Balanced	Yes	Network benefits	Higher member cost share, lower level of benefits	No coverage*
Navigate Plus	Yes	Network benefits	Higher member cost share, lower level of benefits	Non-network benefits

* Except for emergency services and related admissions.

Referral requirements

- Referrals are required before a member can see most network specialty care providers
- Referrals to network physicians must be submitted electronically by the member's primary care provider (PCP) or a PCP within the same provider group and tax ID number (TIN)
- Referrals must be submitted before the services are rendered
- Referrals can be dated up to 5 calendar days before the date of submission
- A new PCP referral is needed when a member:
  - Needs to see another specialist
  - Needs additional visits after the referral expires
  - Needs additional visits after using all the initial approved visits

Verify the member's referral requirements

- The member's medical ID will show "Referrals Required"
- View referral requirements by signing in at **UHCprovider.com/referrals**

Submit referrals and view submitted referrals

- Submit a referral request or check referral status at **UHCprovider.com/referrals**
- View the member's active referrals by signing in at **UHCprovider.com/eligibility**

Referrals and notifications/prior authorizations

The referral and notification/prior authorization processes are separate. Requirements vary by member benefit plan. You can find more information about notification/prior authorization requirements in the administrative guide at **UHCprovider.com/guides** and **UHCprovider.com/priorauth.**

Submitting a notification/prior authorization request can't substitute for a referral. If the member doesn't have a required referral, coverage for the specialty care may be denied or the member may have a higher out-of-pocket cost.

Which services do not require a referral?
Use our referrals tool at **UHCprovider.com/referrals** to find out if a referral is needed for your patient
The member does **not** need a referral from their PCP for:

- Any services from network physicians who share any TIN as the member's PCP or is the PCP's covering network physicians
- Any services from network OB-GYN specialists, nurse practitioners, nurse midwives and physician assistants
- Routine refractive eye exam from a network provider
- Network optometrists
- Mental health/substance use disorder services with network behavioral health clinicians
- Services rendered in any emergency room, network urgent care center, network convenience care clinic or designated network online "virtual clinic visits"
- Services billed as observation
- Admitting physician services for emergency/unscheduled admissions
- Any services from facility-based inpatient/outpatient network consulting physicians, network assisting surgeons, network co-surgeons or network team surgeons
- Any services from a network pathologist, network radiologist or network anesthesia physician
- Outpatient network lab, network X-ray or network diagnostic services (Note: Services billed by a network specialist require referral.)
- Network rehabilitative services (PT, OT, ST, aural therapy, cognitive therapy) with exception of manipulative treatment and vision therapy (physician services) (Note: Services billed by a network specialist require referral.)
- Any other network services as required by state mandates

How many visits are included with each referral to a specialist?
Each referral may include up to 6 visits. Unused visits expire 6 months from the referral start date. After the 6 visits are used or expire, the PCP may submit another referral to the network specialist for up to 6 visits.

For members with certain chronic conditions, the online referral screen allows standing referrals to be entered for 99 visits if the member's diagnosis code is included in the Referrals for Chronic Conditions Policy.

Chronic conditions eligible for standing referrals of up to 99 visits:

- Allergy rhinitis
- AIDS/HIV
- Amyotrophic lateral sclerosis
- Anemia
- Cancer
- Cystic fibrosis
- Epileptic seizure
- Fracture care*
- Glaucoma
- Myasthenia gravis
- Multiple sclerosis
- Parkinson's disease
- Renal failure (acute)
- Seizure
- Thrombotic microangiopathy

* It's not necessary to specify the fracture care procedure performed on the referral.

Questions?
If you have questions related to your Participation Agreement, please contact your network management representative listed at **UHCprovider.com/contactus.** For general questions, call **877-842-3210.**

United Healthcare