Preferred referral protocol for health care professionals

Quick reference guide

This protocol is specific to the Mid-Atlantic Health Plan referral process and applies to participating network health care professionals with M.D. Individual Practice Association, Inc. (M.D.IPA) and Optimum Choice, Inc. (OCI) health benefit plans, and all participating 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 also don't need a referral for routine eye refraction exams, behavioral health services, OB-GYN visits, and emergency or urgent care services.

Please verify the member's eligibility and benefits by going to the UnitedHealthcare Provider Portal:

- Go to **UHCprovider.com** and click Sign In at the top-right corner
- Enter your One Healthcare ID and password
  - If you don't have either, visit **UHCprovider.com/access**

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 1 visit for a maximum of 6 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 4 visits are allowed, except for those services listed under Exceptions to the Referral Rules
- Retroactive referrals aren't valid
- You should verify that the member has a referral before rendering any services. Once visits or the 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 Provider Portal. You can also learn more at **UHCprovider.com/referrals.** The paper referral form is available at is available at **Health Plans by State** > Choose a location > View plans > Commercial.

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 if all Maryland Universal Referral form fields are included.

Exceptions

The following are exceptions to general referral requirements:

- **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 1 follow-up visit within 30 days. PCPs may issue a second referral, marked allergy shots, which is valid for 6 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 6 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 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 6 months from the date of the referral. Dialysis facilities require prior authorization. Please refer to **UnitedHealthcare Mid-Atlantic Plans Prior Authorization Requirements.**
- **Fracture care:** A referral for fracture care is global and valid for 6 months from the date of the referral
- **Laboratory services:** See the Participating Provider Laboratory and Pathology Protocol at **UHCprovider.com/plans.** 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 8 visits per condition within 6 months from the referral date. **If the referral doesn't indicate the number of visits, the referral will only be valid for 1 visit.** Additional visits, after the first 8, require pre-authorization. For facilities, you must obtain an authorization for these services before the first visit. Please refer to **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:** Please see **UHCprovider.com/plans**

Standing referrals

A standing referral is valid for a stated length of time up to 6 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 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)
- Thrombotic thrombocytopenia purpura

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

Questions? We're here to help.

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

PCA-1-24-01271-Clinical-QRG_05132024

United Healthcare®