

# Provider Manual

## Section 7.0

### Referrals

#### **Table of Contents**

- 7.1 Member Self-Referral (Direct Access)**
- 7.2 Requirements**
- 7.3 Distribution of Referrals**



# 7.0 Referrals

## 7.1 Member Self-Referral (Direct Access)

There are a number of services covered by Passport Health Plan for which members can make appointments with participating Passport Health Plan providers without referrals from their PCP. These include:

- Routine care vision services, including diabetic retinal exams and the fitting of eyeglasses provided by ophthalmologists, optometrist, and opticians.
- Routine dental services and oral surgery services and evaluations by orthodontists and prosthodontists (orthodontic and prosthodontic services require prior authorization).
- Maternity care (authorization is required after the first prenatal visit).
- Immunizations for members younger than 21 years.
- Screening, evaluation, and treatment for sexually transmitted diseases.
- Screening, evaluation, and treatment for tuberculosis.
- Chiropractic services.
- Testing for HIV, HIV-related conditions, and other communicable diseases.
- Pap smears and mammograms.
- GYN services.

**NOTE:** For family planning services, members may self-refer to any participating Medicaid provider. For more information, contact AmeriHealth HMO, Inc. at (800) 541-4560 or see Section 17, “Family Planning.”

### 7.1.1 Additional Referral Exceptions

In addition to the direct access services outlined above, members do not need referrals for the following:

- Services provided by the Commission for Children with Special Health Care Needs or the WINGS Clinic.
- The following list of diagnoses (when billed as the primary diagnosis):

<b>Code</b>	<b>Description</b>
• ESRD	
585	Chronic Kidney Disease (CKD)
586	Renal failure, unspecified
• HIV/AIDS	
042	Human immunodeficiency (HIV) disease
79.51	Human T-cell lymphotropic virus, type I (HTLV-I)
79.52	Human T-cell lymphotropic virus, type II (HTLV-II)
079.53	Human immunodeficiency virus, type 2 (HIV-2)
• Cancer	
140 – 208	Malignant

230-234.0	Carcinoma in situ
235-238	Neoplasm of uncertain behavior
239 – 239.9	Neoplasm of unspecified behavior

- Diabetic retinal exams.
- OB/GYN services (Authorization is required after the first prenatal visit).
- Perinatologists/geneticists.

The following referral exceptions also apply:

- One lifetime referral is required for each transplant.
- Referrals to specialists are not required for children living in out-of-home placements.
- Referrals to specialists are not required following injury or trauma for the following list of procedures:

<b>Procedure Code</b>	<b>Service Description</b>
23500 – 23680	Fracture and dislocation
24300	Manipulation elbow
24341 – 24346	Repair ruptured tendon
24500 – 24685	Fracture/dislocation
25500 – 25695	Fracture/dislocation
26600 – 26785	Fracture/dislocation
27193 – 27236	Fracture/dislocation
27500 - 27566	Fracture/dislocation
27750 – 27848	Fracture/dislocation
28400 – 28675	Fracture/dislocation
27650 – 27652	Repair Achilles tendon
29000 – 29590	Cast/splint application and removal

## 7.2 Requirements

The PCP is responsible for coordinating all the member’s health care. Except as outlined in Sections 7.1 and 7.1.1, if the member needs to see a specialist, the PCP will complete and issue a referral for the specialist\*.

- PCP referrals can only be made to participating specialists, unless the necessary service is not available from participating Passport Health Plan practitioners.
- Prior approval by Utilization Management is not required for referrals to participating providers, but a referral must be completed.
- For referrals to a nonparticipating specialist, the PCP must request prior authorization from Passport Health Plan’s Utilization Management department. The PCP should verify that the specialist accepts Kentucky Medicaid.
- Requests for retrospective review of inpatient services provided by nonparticipating providers require review and authorization by Utilization Management.
- Cases requiring follow-up visits or treatment by nonparticipating providers that were not prior authorized must be reviewed by Utilization Management.

- Referrals for consultation, diagnostic studies and treatment are valid for a time span indicated by the referring provider (three, six, nine, or 12 months) with unlimited visits.
- The PCP may also designate a visit limit if preferred. If a referral is designated as consultation, diagnostic studies, and treatment, it is also valid for any outpatient testing or procedures that are ordered by the specialist unless those services are listed on the Passport Health Plan prior-authorization list.
- Passport Health Plan members have the right to a second opinion. If the member requests a second opinion, the PCP should complete a referral to a participating specialist. If there is not a specialist within the network, the PCP can request an authorization to a non-participating specialist by calling Passport Health Plan's Utilization Management department at (502) 578-0636.

\*An exception occurs when a member is new to the Plan (in the first 30 days after enrollment) and has not yet selected or been assigned to a PCP. Under these circumstances, if a member requires specialist care, a participating specialist provider may contact the UM department to request authorization of a one-time visit without a referral.

**NOTE:** Please refer to the Passport Health Plan Real-Time Provider Directory on [www.passporthealthplan.com](http://www.passporthealthplan.com) to verify participating providers.

Occasionally, a referral will be made following a telephone conversation between the member and the PCP who determines the need for specialty care. When a verbal referral is made, it is the PCP's responsibility to follow up with either an electronic or paper referral. Members may not obtain a referral to a specialist when the PCP can perform the services.

## 7.2.1 Referral for Urgent Care

A referral is required for all urgent care visits except as indicated below:

- If it is Saturday, Sunday, a national holiday, or a weekday after 4 p.m., Passport Health Plan members may go to the following urgent care centers without a referral:
  - After Hour Care of Kentuckiana Inc., Louisville, Kentucky. (2 locations)
  - Baptist Urgent Care, Louisville, Kentucky.
  - Bardstown Road Immediate Care Center, Louisville, Kentucky.
  - Camelot Immediate Care Center, Louisville, Kentucky.
  - Carefirst Urgent Care Center, Radcliff and Elizabethtown, Kentucky.
  - Dorsey Immediate Care Center, Louisville, Kentucky.
  - Immediate Care Center Shepherdsville, Shepherdsville, Kentucky.
  - Norton Immediate Care Center, Louisville, Kentucky. (4 locations)
  - Pediatric Acute Care, Louisville, Kentucky.
  - Pediatric Prompt Care, Louisville, Kentucky.
  - Preston Immediate Care Center, Louisville, Kentucky.
  - Simplistic Urgent Care, Louisville, Kentucky.

This list is subject to change. For the most current information, please call your Provider Relations representative or the Provider Relations department at (502) 585-7943.

## 7.2.2 Original Medicare Primary Member Referrals

Passport Health Plan members who are covered by Medicare or TriCare as their primary insurance are not required to have referrals for specialist care and may go to any participating or nonparticipating practitioner, as set forth in this *Provider Manual*. These members have a Passport Health Plan identification card with “Medicare Primary” as the PCP. Providers will be paid on a fee-for-service basis for all covered services provided to Passport Health Plan members who are also covered by Medicare. Providers are required to bill Medicare first and only submit to Passport Health Plan the coinsurance and deductible amounts or those amounts not covered by Medicare as shown on the Medicare EOB.

Please see the Passport Advantage *Provider Manual* for referral requirements for Passport Advantage members.

## 7.3 Distribution of Referrals

Passport Health Plan currently offers two options for the initiation and submission of referrals. While paper referral forms remain an option at this time, providers are strongly encouraged to use the electronic submission process available at [www.passporthealthplan.com](http://www.passporthealthplan.com).

Distribution of forms is based on the selected method and detailed below:

- **Electronic**  
Referrals initiated via the web-based program are automatically transmitted to the Plan. PCPs should print three copies of the referral to be distributed as follows:
  - Specialist copy (to be sent with member or mailed to a specialist).
  - Member’s copy.
  - PCP’s copy (to be placed in member’s chart).
  
- **Paper** (See Section 19 for a sample form.)  
Completed referral forms should be distributed as follows:
  - White Copy - Send to Passport Health Plan immediately at:  
Passport Health Plan  
P.O. Box 7114  
London, KY 40742
  - Gold Copy - Specialist copy (to be sent with member or mailed to specialist).
  - Pink Copy - Patient’s copy.
  - Yellow Copy - PCP’s copy (to be placed in member’s chart).Responsibilities of the specialist or consulting practitioner:
  - Retain gold copy of referral form for the member’s file.
  - Send a copy of the consult report to the PCP.