POLICY

DEPARTMENT: Medical Management	**DOCUMENT NAME:** Referrals for In-Network Specialty Services
PAGE: Page 1 of 4	**REPLACES:**
APPROVED DATE:	**RETIRED:**
EFFECTIVE DATE:	**REVIEWED/REVISED:** 02/18
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.UM.54

SCOPE:
Home State Health Medical Management department

PURPOSE:
To establish a referral process for in-network specialty services.

POLICY:

Referrals for in-network specialty services must come from the member's Primary Care Practitioner (PCP) to a participating specialist.

Covered obstetrical or gynecological services do not require a referral for visits to OB/GYNs.

1. OB/GYNs Referring to Specialist

   A. Except for the types of specialists listed below, only the member's PCP may issue a referral for a specialist. In addition to the PCP, OB/GYNs may refer to the following specialists:
      - Diagnostic mammography (screen mammography does not require a referral)
      - Diagnostic radiology
      - Gynecologic oncology
      - General surgery
      - Maternal and fetal medicine
      - Neonatal/perinatal medicine
      - Radiation oncology

2. Specialists Referring to Specialist

   B. If a PCP creates a referral to a specialist that includes specialty services in addition to consultation, the specialist has the authorization to refer the member for additional in-network testing and services that are within the guidelines of their specialty, including:
      - Chemotherapy
      - Dialysis
      - Laboratory service

- Radiation therapy
- Radiology
- Rehabilitation services (PT/OT/ST)
- In the case of an emergency, as determined by the immediate treating physician

3. Specialists as PCPs

A. A specialist may substitute as a PCP for a member with a life-threatening condition or disease or degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, when authorized by the Home State Health Medical Director.

B. Whenever possible, the specialist who will be acting as a PCP should be dually board-certified.

4. Referral Duration

A. A referral is only valid for the specific time frame designated for the referral type requested or until the approved number of visits/units has been exhausted.

B. A PCP may refer members with chronic, disabling, or degenerative conditions or diseases to a specialist for a set number of visits within a specific time period. HSH Medical Director must approve standing referrals.

5. Consultation Reports

A. Specialists are to provide referring physician and should provide the PCP with timely and informative consultation reports.

B. All consultation reports should be sent to the referring physician as determined by the member's physical status:

- If emergent: a consultation report will be issued immediately following the visit by means of telephone and fax communication with the written summary mailed to the referring physician within 24 hours of the visit.
- If urgent: a consultation report will be issued within 3 days of the visit
- If routine: a consultation report will be issued within 5 to 7 days after the visit.

C. All consultation reports will contain at least the following information:
   - Consultant's name, address, and phone number
   - Specialty of consultant
   - PCP's name, address, and phone number
   - Name, address, and phone number of referring physician
   - Date of request and date of consultation
   - Member's demographic information, including Medicaid ID
   - Urgency of the referral: emergent, urgent, routine
   - Documentation of the reason for the requested consultation
   - Complete history and physical as it pertains to the consultation
   - Documentation of all pertinent and radiographic results
   - Assessment of identified problems specific to the consultant expertise and any other included in the referring physician's report including differential diagnoses.
   - Documentation of recommended plan for completion of the consultation, if applicable.
   - Document of recommended treatment/diagnostic plan.
   - Recommendation for follow up, if applicable.

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Procedure:

1. The PCP will call Home State Health's referral line for specialty visits which require a referral.
2. Referral requests for specialist services require plan notification within five (5) days prior to the requested service date.
    A. Referrals are *not required* for Emergent or Urgent Care services.
3. Referral requests must be submitted before the specialist visit has been rendered or the visit will be denied for payment

REFERENCES:	

REVISION LOG:	
Policy Created	02/2018

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature