Provider Manual
Section 6.0
Referrals

Table of Contents

6.0 Referrals

6.1 Member Self-Referral (Direct Access)

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

- Routine vision care 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
- Immunizations for all members.
- Screening, evaluation, and treatment for sexually transmitted diseases.
- Screening, evaluation, and treatment for tuberculosis.
- Chiropractic 26 visits per calendar year allowed – Authorization is required.
- Testing for HIV, HIV-related conditions, and other communicable diseases.
- Pap smears and mammograms.
- GYN services, including Pap smears and mammograms.
- Voluntary Family Planning in accordance with federal and state laws and judicial opinion
- Routine outpatient behavioral health services do not require a PCP referral. Please see section 16.5 (Authorization Procedures and Requirements) for those requiring prior authorization.
- Substance Abuse Treatment
- Orthopedic Care

NOTE: For family planning services, members may self-refer to any participating Medicaid provider. For more information, please refer to Section 17, "Family Planning."

6.1.1 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):

ICD-9 Code	ICD-10 Code	DESCRIPTION
ESRD		
585	N18.1 –N18.9	Chronic Kidney Disease (CKD)
586	N19	Renal failure, unspecified
HIV/AIDS		
042	B20	Human immunodeficiency (HIV) disease
079.51	B97.33	Human T-cell lymphotrophic virus, type I (HTLV-I)
079.52	B97.34	Human T-cell lymphotrophic virus, type II (HTLV-II)
079.53	B97.35	Human immunodeficiency virus, type 2 (HIV-2)
CANCER		

140-208	C00.8 – C95.92	Malignant
230-234.0	D00.00 – D09.9	Carcinoma in situ
235-238	D37.01 – D48.9	Neoplasm of uncertain behavior
239 – 239.9	D49.0 – D49.9	Neoplasm of unspecified behavior
Behavioral Health		
290.xx	F01.50 – F99	Behavioral Health Diagnosis Range

- Diabetic retinal exams.
- OB/GYN services
- Perinatologists/geneticists.

The following referral exceptions also apply:

- One lifetime referral is required for each transplant.
- Referrals to specialists are not required for children in foster care or living in out-of-home placements.
- Referrals are not required for participating orthopedists.
- Referrals are not required for members with Medicare or Tricare as the primary payer.

6.2 Referral Requirements

Passport's referral requirements are based on the premise that our members are best served with a primary home for care and oversight, thus the PCP is responsible for coordinating 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 to the specialist.*

- PCP referrals can only be made to participating specialists, unless the necessary service is not available from participating Passport practitioners.
- Prior approval by Utilization Management is not required for referrals to participating providers, but a referral must be completed.
- If a PCP wants to refer a member to a non-participating provider, the PCP must request a prior authorization from Passport's Utilization Management department. The PCP should also 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 one year unless otherwise specified by the member's PCP.
- The PCP may also designate a visit limit if preferred
- Passport 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's Utilization Management department at (800) 578-0636.

*****An exception occurs when a member is new to Passport (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 Real-Time Provider Directory on 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.

6.2.1 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 members may go to specified urgent care centers. For the latest listing of participating centers, please reference Passport's website.

6.2.2 Original Medicare Primary Member Referrals

Passport 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 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 members who are also covered by Medicare or Tricare. Providers are required to bill Medicare or Tricare first and only submit to Passport the coinsurance and deductible amounts or those amounts not covered by their primary insurance as shown on the EOB.

6.3 Distribution of Referrals

Passport currently offers two options for the initiation and submission of referrals. While paper referral forms can be located at www.passporthealthplan.com providers are strongly encouraged to use the electronic submission process available by logging onto NaviNet at https://navinet.navimedix.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 Passport. 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:

  - Copy 1 - Send to Passport immediately at:

    Passport Health Plan
    P.O. Box 7114
    London, KY 40742
  - Copy 2 - Specialist copy (to be sent with member or mailed to specialist).
  - Copy 3 - Patient's copy.
  - Copy 4 - PCP's copy (to be placed in member's chart).

Responsibilities of the specialist or consulting practitioner:

- Retain copy of referral form for the member's file.
- Send a copy of the consult report to the PCP.