

## **8: Referral and Prior Authorization Guidelines**

### **8.1 Referral Process**

Members obtain the majority of their health care services either directly from or upon referral by their Primary Care Physician. The PCP serves as the member's "medical home" for health care services. Therefore, the PCP is responsible for the coordination of access to services provided by hospitals, specialty physicians and other health care providers. All of the member's care (except for those services designated as self-referred) should be provided or referred by the PCP except in a medical emergency. By focusing the majority of a member's medical decisions through their PCP, the physician is able to provide comprehensive and high-quality care in a cost-effective manner.

#### ***8.1.1 PCP Referral Guidelines***

When building its provider network Unison's goal is to keep provider referral patterns consistent. Our network is developed through consultation with local providers as well as review of historical Medicaid utilization data. Therefore, we encourage PCPs to refer all services through our participating providers. Please consult the Unison Provider Directory for a listing of participating providers. A listing of participating providers may also be found on our website at [www.unisonhealthplan.com](http://www.unisonhealthplan.com).

Should it be necessary to refer a member to a non-participating provider, please contact the UM Department for a prior authorization.

#### ***8.1.2 Consulting Physician Referral Guidelines***

The consulting physician may also refer to participating providers for most diagnostic testing and routine outpatient procedures. Consulting physicians should direct a member back to the PCP if the services of another consulting physician are recommended.

### **8.2 Prior Authorization Guidelines**

#### ***8.2.1 Medical and Behavioral Health Prior Authorization Requests***

The Unison UM Department reviews prior authorization requests for all medical and behavioral health services. Please see below for further information on processing these requests.

#### ***8.2.2 Pharmacy Prior Authorization Requests***

The Unison Pharmacy Department reviews prior authorization requests for all pharmacy services. For further information on the pharmacy prior authorization process, please see the Ancillary Services chapter of this manual.

#### ***8.2.3 Dental Prior Authorization Requests***

Please note that, although members may self refer in network for dental services, a limited number of dental services require prior authorization. These requests must be made by the treating dentist and will be submitted to Unison's subcontracted dental administrator, Doral Dental.

### **8.3 Medical and Behavioral Health Prior Authorization Process**

The Unison UM Department accepts prior authorization requests 24 hours a day, seven days a week. Prior authorization requests are accepted from a PCP or consulting physician. It is appropriate that the treating

Provider forward the clinical information to the Unison Health Plan UM Department. A Provider may phone (800.366.7304) or fax (412.457.1351) the Unison Health Plan Utilization Management Department to obtain an authorization. In addition, Unison has partnered with Emdeon, formerly WebMD, to provide electronic prior authorizations via the HIPAA compliant 278 transaction. The Unison website supplies you with a link to the Emdeon (WebMD Office) website. Providers may then use Emdeon (WebMD Office) to electronically submit the request for the prior authorization and receive immediate notification on the status of the submission. Please see the companion documentation for these transactions in the back of this manual or on our web site or call Provider Services for assistance.

Requesting providers must have the following information available at the time of the prior authorization request:

- Member name, DOB, and recipient identification number
- Provider Name and ID Number
- Caller name, phone/fax number
- Date(s) service will be performed
- Name of facility where services will be performed and Provider ID Number
- Diagnosis by ICD-9 code
- Procedure by CPT or HCPCS code
- Supporting clinical information and treatment plan

If InterQual criteria are not met, the case is presented to a Unison Health Plan Medical Director. Under these circumstances, the Medical Director may discuss the case with the member's treating physician. The Medical Director has peer consultation available through members of the Quality Improvement Committee and other network physicians. The treating physician may contact the Medical Director to discuss the case.

Any Unison authorization of services less than or different from the original request is considered a denial and a denial letter will be issued to the Provider and the member. The requesting Provider or appropriate party will always be supplied with the medical criteria used in the denial determination. A denial may be based on one or more of the following:

- Lack of proper notification (procedural denial)
- Service is not a covered benefit or not medically necessary
- Place of service not medically necessary
- Delay in treatment not attributable to the patient's condition

The UM Department will respond to prior authorization requests via telephone or fax within two (2) business days. If the service required must occur sooner, the physician should notify Utilization Management to consider the request as expedited.

**Providers may appeal medical and procedural denials according to the Unison Health Plan appeal process found in the Provider Dispute Procedures Section of this manual.**

#### 8.4 Common Services Which Require Prior Authorization

- Ambulance, non-emergency
- Chemotherapy
- Chiropractic services

- all durable medical equipment rentals or any purchased DME or supplies with billable charges of >\$300
- Enteral and parenteral services and items
- Genetic testing (including chromosome analysis)
- Home Health services
- Hospice services
- Hospital, elective inpatient admission
- Hospital, acute inpatient admission (concurrent authorization required – 48 hours notice)
- Hospital, inpatient rehabilitation admission
- Imaging: CT, MRI, PET, SPECT
- Non-participating provider, covered benefits
- Outpatient procedures: arthroscopy, cardiac catheterization, laparoscopy, radiation therapy, sleep study, surgery
- Pain management
- Pharmaceuticals: Blood Modifiers (Factor Products), Botulinum toxin (Botox injection), Enzymes and enzyme inhibitors (Hyalgan), Hormonal Therapy (Lupron), Immunologic agents (Remicade), Oncology chemotherapy (Herceptin), Orthopedic Agents (Lovenox, Arixtra), Recombinant products (Reopro) – Unison will respond to pharmaceutical prior authorization requests within twenty-four (24) hours of receipt
- Plastic surgery, medically necessary services are covered excluding non-covered cosmetic services
- Rehabilitation services (physical, occupational and speech therapy), outpatient
- Skilled nursing facility
- Speech and hearing services, including hearing aids

### 8.5 New Technology

Unison evaluates new technology not covered by the Ohio Medicaid Program on a case-by-case basis. Please contact the UM Department for prior authorization of these services.

You may contact the Provider Services Department with questions related to services and the need for prior authorization by calling 1.800.600.9007.