

## 10 REFERRALS & PRIOR AUTHORIZATION

### 10.1 *SELF REFERRAL SERVICES*

#### 10.1.1 **Obstetrics and Gynecology Services**

SHP Medicaid, Child Health Plus and Family Health members can "self-refer" (no referral form required) to any SHP participating obstetrics and gynecology services providers for designated services including:

- ❖ Primary and preventive obstetrics and gynecology services
- ❖ Follow-up care as a result of a primary and/or preventive visit
- ❖ Any care related to pregnancy
- ❖ Family planning and reproductive health including pregnancy termination
- ❖ HIV antibody testing and pre & post-test counseling as part of a family planning visit
- ❖ Up to six (6) smoking cessation counseling sessions for each pregnant member within any 12 month period.

**New Pregnancies: Providers should notify SHP immediately at 1-800-250-5007 and ask for the Maternity Case Manager or complete a Prenatal Notification form and fax to 1-877-267-7900 to the attention of the Maternity Case Manager regarding a member's confirmed pregnancy so that SHP can appropriately track prenatal care and conduct outreach and case management as appropriate.**

The Obstetrician/Gynecologist should encourage members to pre-register with the hospital where the delivery will take place.

In order to satisfy data requirements by the State of New York, SHP requires that OB/GYN offices submit claims for each prenatal visit on a CMS1500 (or UB04). The applicable CPT codes, date of service, ICD9-CM codes, and the SHP provider ID number should be submitted to SHP. A separate claim should be submitted for the delivery and postpartum visit. **Global procedure codes are not conducive to accurate data collection.**

#### 10.1.2 **Family Planning and Reproductive Health Services**

SHP Medicaid Managed Care members may receive Family Planning and Reproductive Health services from any qualified Medicaid provider, regardless of whether the provider is a Participating or Non-Participating Provider without referral from the member's PCP and without prior approval from SHP.

SHP Child Health Plus and Family Health Plus members may receive Family Planning and Reproductive Health services from any qualified SHP Participating Provider without referral from the member's PCP and without prior approval from SHP.

SHP encourages members to exercise their right to obtain Family Planning and Reproductive Health services. If the patient to whom you provide Family Planning and Reproductive care is a SHP member, remember to bill SHP for these services. (Some providers are billing Medicaid directly for these types of services provided to SHP members and this is not allowed).

### **10.1.3 Vision Care Services**

Suffolk Health Plan has developed a preventive eye exam program for its members in conjunction with General Vision Services (GVS), a managed vision care company. General Vision Services (GVS) administers a network of Ophthalmologists and Optometrists located throughout Suffolk County. SHP members must obtain well-vision care exams and eyeglasses from General Vision Services (GVS) participating providers. Members can self-refer to a GVS participating provider for covered preventive vision care services. GVS administers the benefits in accordance with the different products.

**Referrals for preventive vision care services CANNOT be made using a SHP Referral Voucher Form.**

**Members can call General Vision Services (GVS) at 1-800-847-4661 for information on how to locate the nearest GVS participating provider and present directly at that office.**

### **10.1.4 Public Health Agencies (Medicaid)**

SHP Medicaid members cannot be prohibited from self-referring to public health clinics. If and when a member obtains services from a FQHC or Public Health Clinic that is not in SHP's network of providers, SHP must reimburse the FQHC or Public Health Clinic for services rendered when treated for issues deemed as Public Health Services which includes:

- ✧ Tuberculosis Screening, Diagnosis and Treatment;
- ✧ TB/Directly Observed Therapy (DOT)
- ✧ Immunizations
- ✧ Prevention and Treatment of Sexually Transmitted Diseases
- ✧ Lead Poisoning – MMC Program Only
- ✧ Dental Services – MMC program Only
- ✧ HIV Counseling and Testing

SHP agrees to reimburse the Public Health Clinic for these services at rates determined by the SDOH.

However, Suffolk Health Plan prefers that members receive diagnosis and treatment of tuberculosis, for example, through SHP. Case management is available to documented TB cases. The PCP needs to request this service from the SHP Care Management line (**1-800-250-5007**). SHP has experienced specialists available in-network for consultation or treatment, including the following:

- ✧ Infectious diseases specialists, both for adults and pediatrics
- ✧ AIDS Designated Centers for members with AIDS and TB, and
- ✧ Inpatient and outpatient rehabilitation for members dually diagnosed with TB and alcoholism.

PCPs are required to focus on preventive measures, as well as identify public health problems regarding changes in incidence or unusual occurrences and report them to New York State Department of Health (NYSDOH) on the form in the Appendix section or appendices. SHP also requests that public health clinics give notification before delivering services.

### **10.1.5 Mental Health /Substance Abuse Referrals**

SHP has contracted with Beacon Health Strategies (BHS) for administration of its mental health and substance abuse program. In conjunction with BHS, SHP has formed a comprehensive network of mental health and substance abuse providers to meet the needs of its members. Mental health and substance abuse referrals (inpatient and outpatient) must be precertified by SHP Behavioral Health, with the exception of emergency services which require notification to SHP Behavioral Health, by calling 1-866-969-2661. Behavioral Health staff will coordinate the care via SHP participating providers. The PCP or the member can call SHP Behavioral Health to obtain access to care for mental health and substance abuse situations.

**Referrals for mental health/substance abuse services CANNOT be made using a standard SHP Referral Voucher Form. The Provider, member or the member's designee may contact SHP Behavioral Health at 1-866-969-2661, 24 hours a day, to precertify or notify of mental health/substance abuse referrals and admissions.**

**Members may also self- refer to a Beacon provider directly for an initial visit.**

**NOTE:** Child Health Plus and Family Health Plus members are limited to up to sixty (60) outpatient mental health or substance abuse visits combined per year. On an inpatient basis, Child Health Plus and Family Health Plus members are entitled to up to 30 inpatient mental health or substance abuse days combined per year.

### **10.1.6 Academic Dental Clinics**

Dental Services Provided by Article 28 Clinics Operated by Academic Dental Centers Not Participating in Contractor's Network - Applies to MMC Program Only. SHP MMC members may self-refer to Article 28 clinics operated by academic dental centers to obtain covered dental services without prior approval and without regard to network participation.

Dental services are not part of MMC's Benefit Package, therefore if a SHP MMC member receives dental services at non-participating Article 28 clinics operated by academic dental centers, the Medicaid FFS Program will reimburse the clinic at approved Article 28 Medicaid clinic rates in accordance with the protocols issued by the SDOH.

### **10.1.7 HIV Counseling and Testing Services**

SHP providers are asked to educate and encourage members to access HIV Counseling and testing services in any of the following ways:

- ✧ in plan (consult the SHP Provider Directory);
- ✧ out-of-plan as part of a family planning visit (use their Medicaid card); or
- ✧ at an Anonymous Counseling and testing program operated by New York State (1-800-872-2777).

## **10.2 SERVICES REQUIRING PRIOR AUTHORIZATION**

### **10.2.1 Services Requiring Phone Precertification**

The following services require pre-certification by SHP by calling the SHP Care Management (pre-certification) line at **1-800-250-5007** a **Referral Voucher Form is not sufficient to authorize**. Authorization should be submitted within seven (7) days prior to the service. Payment will not be made unless SHP approval is given prior to the date of service:

- ✧ Admissions-Elective
- ✧ Cardiac Rehabilitation
- ✧ CT Scans of the brain/head, pelvis and heart.
- ✧ Continuity of care for new members or when a provider leaves the network.
- ✧ Cosmetic Surgery based on the Medicaid Cosmetic List.
- ✧ Dialysis
- ✧ Diagnostic Testing; MRI, Nuclear Medicine, PET Scans, Sonograms ONLY
- ✧ DME > \$250 or all rental equipment.
- ✧ Erectile Dysfunction Treatment (See section 10.5.5)
- ✧ Growth Hormone
- ✧ Home Health Care/Home Telehealth
  - Effective September 1, 2009, Home Telehealth services is a covered Medicaid Managed Care benefit when provided by agencies approved by the NYSDOH. **Not covered for Family Health Plus.**
- ✧ MRIs

- ❖ Nuclear Imaging Studies
- ❖ Obesity surgery
- ❖ Orthopedic shoes and shoe inserts
- ❖ Orthotics > \$250
- ❖ Out of network services – non emergent: All services are required to be performed by a participating provider. Medical necessity and the reason why a non par provider should provide a service over a participating provider is required with all requests.
- ❖ Pharmacy
  - Medicaid/FHP Non formulary drugs that are dispensed through a pharmacy.
  - Injectable Drugs - for Medicaid/FHP members: drugs that are not on the Medicaid formulary and administered in a physician office or clinic.
  - Formulary drugs for CHP members that require prior authorization, quantity limits or step therapy.
- ❖ PET Scans
- ❖ Prescription Footwear for ALL REQUESTS (see section 4.6 of the Medicaid DME Manual). The DME Manual is available online at: [www.emedny.org/ProviderManuals/DME/index.html](http://www.emedny.org/ProviderManuals/DME/index.html)
- ❖ Prosthetics > \$250
- ❖ Sonograms except if maternity related
- ❖ Out of network services-non emergent: All services are required to be performed by a participating provider. Medical necessity and the reason why a non par provider should provide a service over a participating provider is required with all requests.
- ❖ Standing Referrals to a Specialist
- ❖ Specialist as a Primary Care Provider
- ❖ Speech therapy after initial evaluation- some benefit limitations based on product.
- ❖ Referral to a Specialty Care Center
- ❖ Treatment of Erectile Dysfunction

For urgent situations, the PCP can call the SHP Care Management (pre-certification) line at **1-800-250-5007**.

**Note:** The SHP Chief Medical Officer may modify the above pre-certification and prior approval lists. SHP providers will be notified of any changes.

### **10.3 HOW TO REFER A MEMBER TO A PARTICIPATING SPECIALIST**

SHP is a managed care system with the PCP as the "gatekeeper" to health services offered within the Plan. The referral procedures are an important aspect of this system. Within the SHP delivery system, members need to obtain a referral from the PCP for most non-primary care services.

#### **NOTICE: ONLINE REFERRAL IS NOW AVAILABLE**

**PROVIDERS CAN COMPLETE THE REFERRAL VOUCHER FORM ONLINE BY GOING TO THE SHP WEBSITE AT [suffolkhealthplan.com](http://suffolkhealthplan.com) CLICK ON THE "SHP ONLINE" button. WHEN YOU HIT SUBMIT THE FORM WILL BE ELECTRONICALLY SENT TO SHP. YOU WILL STILL NEED TO PRINT IT OUT FOR THE SPECIALIST. IF YOU DO NOT HAVE ONLINE CAPABILITY YOU CAN STILL FAX THE PAPER REFERRAL VOUCHER FORMS ONLY TO 1-877-267-7900**

#### **10.3.1 The Referral Voucher Form (RVF) - Instructions To The PCP ® SHP Network Specialist**

- ✧ The PCP determines the medical need for most network referral services.
- ✧ The PCP completes the SHP Referral Voucher Form (RVF) online at [suffolkhealthplan.com](http://suffolkhealthplan.com) or the paper RVF form.
- ✧ The PCP office staff informs the patient of the need for referral and the name, address, and phone number of the Referral Specialist.
- ✧ A separate online or paper RVF must be completed for each SHP provider/service.
- ✧ Referrals can only be made within the SHP network of participating providers. In order for the voucher to be valid, the member's first visit to the Specialist must occur within 90 days and the member must complete all visits within six months.

#### **ONLINE REFERRAL**

To use the Online Referral please follow the instructions below:

1. Go to [suffolkhealthplan.com](http://suffolkhealthplan.com)
2. Then click on the "SHP ONLINE" button.
3. Use of this system will ensure that the PCP's referral to a Specialist will automatically be sent to SHP.
4. You will need to print it out to send to the specialist

If not completing an online referral, referral forms can be obtained by calling Provider Relations at 212-808-4775 or printing a form from the SHP web site, [suffolkhealthplan.com](http://suffolkhealthplan.com).

### **PAPER REFERRAL**

- A sample paper referral can be found in the Appendix section of this Provider Manual.
- Provide instructions to the Specialist by completing the section “PCP Comments to Specialist” on the online form or by checking one of the following boxes: Diagnose and Recommend; Diagnose and Treat; Treat Only on the paper form.
- Indicate the number of visits authorized. The PCP may authorize up to 6 visits on a form.
- Indicate any limitations or restrictions associated with the referral.
- Include the SHP provider ID number of the Referral Specialist. On the paper form you must include the Specialist’s name and address as well.
- For the paper RVF, forward the copies as per the instructions on the form. The Form should be faxed to save time and costs.
- If a member has an urgent condition and needs to see a Specialist immediately, the PCP should notify the Specialist by phone. The PCP must subsequently send the RVF to the Specialist.
- A RVF does not need to be completed for laboratory and routine radiology services.

### **10.3.2 The Referral Voucher Form - Instructions To The Referral Specialist**

When a SHP member arrives for services, the Specialist must confirm that his/her office has a referral on file from the member’s PCP. Payment will not be made without a referral (RVF) from the PCP. A copy of the paper RVF must be attached to the initial claim. Keep a copy in the Member’s file. To expedite your payment, the form also can be faxed to **1-888-892-6130**.

In regard to referrals, the SHP Specialist should remember:

- ✧ If the member requires more than the number of visits/services that the RVF allows, the Specialist or member must request another RVF from the PCP.

- ✧ The first visit must occur within 90 days of completion of the RVF by the PCP.
- ✧ The RVF is valid for up to six months after the first visit.
- ✧ If the Referral Specialist wishes to see the patient for a substantially different diagnosis and/or service, a new RVF is required from the PCP.
- ✧ In an urgent situation, the Referral Specialist may see the member upon telephone request of the PCP, but the RVF must be subsequently issued by the PCP's office and attached to the Specialist claim before SHP can make payment.
- ✧ Contact the PCP to discuss outcomes or changes in the plan as originally outlined. The Specialist can not change treatment plans without the authorization of the PCP.
- ✧ Provide a follow-up written consultation report to the PCP, which includes diagnosis, management plans and responses to specific questions within two weeks of the initial evaluation, if it is a protracted case, or at the end of treatment. At no time should the time lag exceed 30 days.
- ✧ Following treatment (e.g., surgery, hospitalization), the Specialist should submit pertinent information to the PCP. To the extent possible, this should be sent to the PCP within one week of service/discharge.
- ✧ Have the patient return to his/her PCP so that the PCP can coordinate care between providers.
- ✧ Do not refer the member to another specialist without consulting with the PCP. For a member to see another specialist the PCP must complete an RVF. The member does not need to be seen by the PCP. The PCP can write the referral after consulting with the initial specialist.
- ✧ Do not refer the member to non-participating providers; the PCP must request prior approval from the SHP Chief Medical Officer.

#### **10.4 NON – COMPLIANCE WITH REFERRAL GUIDELINES**

Instances of non-compliance with the guidelines outlined above are reported to the SHP Chief Medical Officer. Inappropriate consultation or repeated and inappropriate referrals may provide an indication that the PCP patterns of practice are incompatible with the goals, objectives and philosophy of SHP and may lead to sanctions and/or termination. If problems with compliance are not resolved through the Corrective Action Process, the provider may be expelled from the SHP network.

#### **10.5 HOSPITAL SERVICES**

The PCP is responsible for arranging, directly or through specialist referral, hospital admissions or same-day surgeries. PCPs should monitor the course of treatment and

be available to the attending provider (if different) to offer information regarding the patient's case.

### 10.5.1 Elective Admissions

**Pre-certification is required for all elective admissions.** The admitting provider or hospital must contact SHP and secure an authorization number at least seven (7) days before the admission. Patients entering the hospital for elective surgery must be admitted on the same day as the surgery or procedure. The SHP Chief Medical Officer must approve exceptions.

**THE SHP CARE MANAGEMENT (PRECERTIFICATION) LINE IS:  
1-800-250-5007 or FAX 1-877-267-7900**

The following information is necessary to obtain an authorization:

- ✧ Patient's name
- ✧ Patient's CIN number (Medicaid & Family Health Plus)
- ✧ Patient's ID number (Child Health Plus)
- ✧ PCP's name
- ✧ Attending MD's name (if different)
- ✧ Facility name
- ✧ Expected date of admission
- ✧ Diagnosis(es)
- ✧ Planned surgical procedure(s)
- ✧ Treatment plan and medical history
- ✧ Other insurance information for Coordination of Benefits (COB)

The SHP Care Management staff applies review criteria to determine medical appropriateness. If, based on the information given, SHP is unable to authorize the care, the case is referred to the SHP Chief Medical Officer. A notice of approval/denial of a request for hospital services is sent to the provider(s) and member or member's designee. Elective admissions that are not precertified will result in a "notice of action" denial of the professional and hospital claims. Members, member designee, physicians and hospitals can appeal SHP's decision and submit the medical record within forty-five (45) days after the initial decision.

### 10.5.2 Maternity Admissions

In the case of maternity admissions, the participating hospital is responsible for notifying SHP within 24 hours or on the next business day following the admission. **The hospital is responsible for obtaining Medicaid CIN numbers where applicable. The hospital must provide the baby CIN to Care Management if the newborn stays beyond the mother's stay.**

### 10.5.3 Ambulatory Surgery

An outpatient surgical procedure must be performed in a participating facility. Ambulatory surgery procedures by a participating physician (with a valid referral) at a network facility do not require authorization - **with the exception of certain procedures that are potentially cosmetic in nature. These procedures include:**

- ✧ Excision, excessive skin of thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad; other areas
- ✧ Chemical Peel
- ✧ Salabrasion
- ✧ Dermabrasion for removal of acne scars
- ✧ Chemical exfoliation for acne
- ✧ Grafts
- ✧ Electrolysis for hirsutism
- ✧ Suction assisted lipectomy
- ✧ Correction diastasis recti abdominis
- ✧ Removal of spider angiomas
- ✧ Reduction of labia minora
- ✧ Zyderm collagen implant
- ✧ Abdominal lipectomy
- ✧ Blepharoplasty
- ✧ Breast reconstruction unrelated to mastectomy
- ✧ Dermabrasion
- ✧ Gynecomastia
- ✧ Hair transplant
- ✧ Keloids
- ✧ Lipomas
- ✧ Otoplasty
- ✧ Port wine stains and other hemangiomas
- ✧ Rhinoplasty
- ✧ Rhytidectomy (meloplasty, face lift)
- ✧ Scar Revision
- ✧ Septoplasty
- ✧ Skin Tag Removal

The list may be modified by the SHP Chief Medical Officer, as appropriate. Preadmission testing can be done at the participating facility where outpatient surgery will take place. All routine lab work must be arranged with the participating laboratory.

Ambulatory surgery procedures, which result in an inpatient stay, are subject to concurrent review.

#### **10.5.4 Erectile Dysfunction**

Effective May 2005, Medicaid and Family Health Plus began to exclude coverage for drugs, procedures and supplies for the treatment of erectile dysfunction for any registered sex offenders. As part of the prior authorization process, when SHP receives a request for any services related to erectile dysfunction, SHP confirms the eligibility of member through the NYS Department of Health. Therefore, all services related to the treatment of erectile dysfunction require prior authorization to facilitate the screening and approval process. Contact SHP Care Management Department at 1-800-250-5007 to inquire or make a request.

#### **10.5.5 Member Cost Sharing**

Participating and non-participating providers are expressly prohibited from imposing any payments or billing members for delivery of services included in the prepaid benefit package for Medicaid members. Providers also are prohibited from balance billing Child Health Plus and Family Health Plus members for covered services.

Providers must advise enrollee, prior to initiating a service not covered by SHP or fee for service Medicaid, that the service is uncovered and the cost of the service.

#### **10.5.6**