



REFERRAL / PREAUTHORIZATION

QUICK REFERENCE GUIDE

Effective 6/1/2017, Updated 6/15/17, Updated 8/24/17

This Quick Reference Guide was created to help Healthcare Resources NW (HRNW) participating providers easily identify when a referral or preauthorization is typically required. This document is not all-inclusive and providers seeking to provide service to HRNW members are encouraged to also review HRNW Policy 700 prior to providing services to any HRNW Member.

HRNW reserves the right to retrospectively review any and all services provided to HRNW Members for medical necessity. Any services provided to an HRNW Member that are determined to not be medically necessary will not be reimbursed. Providers may appeal any claim denial for lack of medical necessity by submitting to HRNW Claims supporting documentation clearly outlining the reason the provider believes the services were medically necessary. However, a Provider's appeal does not guarantee claim payment.

For participating facilities, discharge planning for inpatient admissions will be monitored by Care Management.

Important: There is no benefit coverage for a Member's self-referral to a non-participating (non-par) provider.

Contact number for HRNW for Utilization or Case Management (877) 261-6991 or Fax (503) 251-6877.

Case and Complex Case Management Requirement

Notify HRNW for the following: Immuno Therapy; Potential transplant case (e.g. bone marrow or organ); Catastrophic case (e.g. trauma, burns, metastatic cancer); Institutionalized Members.

Non-Participating Providers

Any service provided by a non-par Provider/Facility to a HRNW Member requires prior-auth in all circumstances with the exception of Emergency Services through ED/Urgent Care.

Participating Providers

Participating providers include all HRNW providers contracted and credentialed with HRNW either directly or downstream. To see a list of participating providers, visit www.healthcareresourcesnw.com and click on *For Providers*, click on *Medicare Advantage HMO*, and search the PCP or Specialty directory by Health Plan. You may also call HRNW at (503) 261-6000 to find out if a provider is participating.

REFERRAL GUIDELINES

All HRNW providers participate in Humana Medicare Advantage HMO plans and may refer amongst themselves following the guidelines below.

All HRNW providers, **except OHSU providers**, participate in UHC Medicare Advantage HMO and may refer amongst themselves following the guidelines below. **OHSU providers require preauthorization for HRNW UHC members.**

ACRONYM DEFINITION: Par = participating, Non-Par = non-participating , PA = prior authorization

PCP/SPECIALIST REFERRAL REQUIREMENTS		Referral Required
Inpatient Admission *ALL inpatient admissions require notification of admission to HRNW. Facility is to contact HRNW within 48 hours of initial treatment.	Inpatient Elective Procedure at par and non-par Facility	Yes
	ED to Inpatient Admission at par and non-par Facility *Notification required for discharge planning/TOC	No
	Long Term Acute Care (LTAC) VIBRA	Yes
	Skilled Nursing Facilities at par and non-par Facility	Yes
Observation	Observation Stays	No
Durable Medical Equipment (DME) Hearing Aids	Orthotics, prosthetics, durable medical equipment (see Policy 7507 for DME specifics)	Yes
	Hearing Aid (Humana)	Member to contact TruHearing 1-844-255-7144
	Hearing Aid (UHC)	Member to contact hi HealthInnovations™ 1-855-523-9355
Outpatient (Facility/Non-Facility)	Specialist Office Visit by par provider, in office procedures and procedures performed at a par hospital facility do not require PA, EXCEPT FOR Interventional Radiology (pain management) and Oncology as noted below. (All services performed at an ASC or in a non-par facility require Prior Authorization.)	No
	Outpatient Diagnostics or Procedures, including Labs, performed at a par provider/hospital facility, do not require a PA. (Such as: Dexa, ECHO, EEG, EKG, Treadmill, Holter Monitor, Limited Bone Scan, Pulmonary Function Testing, MRI, MRA, Nerve Conduction Study, Vascular Doppler Studies, Ultrasound, Audiology, Sleep Studies, etc.)	No
	PET scans when ordered by a PCP	Yes
	Outpatient Rehab Services (PT, OT, ST, Cardiac)	No
	Diabetic Education	No
	Infertility Testing and Treatment	Yes
	Interventional Radiology	Pain Management Procedure in clinic or in surgery center
Oncology	Chemotherapy Agents	Yes
	Radiation / Nuclear / Immuno Therapy	Yes
	Symptom Management Drugs	No
Plastic Surgery/Cosmetic	Abdominoplasty, Blepharoplasty, Breast Procedures, Otoplasty, Penile Implant, Rhinoplasty/ Reconstructive Procedures	Yes
High Cost Injectable	High Cost Injectable (The exception is eye injections which do not require preauthorization) Chemotherapy Agents	Yes

Other Outpatient Services	Home Health Services outside of Western Health Resources (Adventist Home Health – Portland), Touchmark Home Health, and Tuality Home Health	Yes
	Foot Care Services	Yes
	Hyperbaric Therapy	Yes
	CHIP (Complete Health Improvement Program)	Yes
PAR AND NON-PAR SERVICES PCP/SPECIALIST REFERRAL IS NOT REQUIRED FOR:		
1. One post-hospitalization follow-up visit		
2. One Emergency Room follow-up visit		
3. Post-op visits during global period		
4. Chronic kidney dialysis with a diagnosis of End Stage Renal Disease		
5. House MD services with SNF admission		
6. Home Visits covered for Primary Care Services provided by assigned PCP or Housecall Providers, PC		