

PHYSICIAN-TO-PHYSICIAN REFERRAL GUIDELINES

Referral Requirements

1. Referrals are required to see most physician specialties*
2. Referrals are required for most specialty evaluation and management services and other services provided in the physician's office
3. Referrals can only be created by PCP, eligible members in their Medicare panel
4. Referrals have a validity period of 90-days from the date of creation
5. Specialist can only view (check status of) a referral
6. Number of referral visits can range from one to nine during the validity period
7. Subsequent visits are created by PCP (Member is not required to be present)
8. NO service will require BOTH a referral and an authorization
9. Referrals can not be made to physician extenders working for or under the supervision of a specialty physician.

*Note: Referrals are exclusive to service location 11, and specialties delineated in file titled "Referral Specialties List.xls".

Referral Exceptions (do not require a referral)

1. Specialty physician services performed in location other than place of service code 11
2. Ancillary services (e.g., diagnostics, etc)
3. Services requiring prior-authorization, as defined by AvMed's UM processes
4. Preventive services (listed below)
5. Services with a State or Federal open access requirement (listed below)
6. Physician specialties excluded from the "Referral Specialties List.xls" due to the following:
 - Specialty designated as Primary Care
 - Specialty designated as NEVER requiring referral (e.g., Chiropractic, Dermatology, Mental Health, Optometry, etc.)
 - Specialty designated as Pediatric and/or Hospital-based

Preventive Services

The following services are excluded from the referral process. In the event that a claim is received for a service that matches one or more of the below referenced descriptions, it will be treated as an exception by the AvMed referral system and will NOT be denied.

1. Routine women's health care, including breast exams, screening mammograms (x-rays of the breast), pap tests, and pelvic exams as long as you get them from a network provider
2. Flu shots and pneumonia vaccinations as long as you get them from a network provider
3. Colonoscopy screenings
4. Spirometry testing post COPD diagnosis
5. Routine eye exams

Please note that in accordance with Centers for Medicare and Medicaid Services (CMS) quality of care guidelines services are subject to change by AvMed.

State / Federal Mandatory Open Access

The following specialties are excluded from and/or have specific open access "annual" visit requirements defined by State or Federal regulation, and in accordance with AvMed's 2013 Medicare Benefits:

1. Dermatology services (as long as they are obtained from a network provider)
2. Chiropractic services (as long as they are obtained from a network provider)
3. Podiatry services, one visit for routine foot-care every 60 days without a referral (as long as they are obtained from a network provider)
4. Optometry

