

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. Specialists are required to view all referrals online, PCP/Members are not required to fax or print referrals for Specialists.
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 cannot 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
6. Physician specialties excluded from the "Referral Specialties List.xls"
7. Specialty designated as Primary Care
8. Specialty designated as Pediatric
9. Specialty designated as Hospital-based
10. Mental Health
11. Dermatology services
12. Chiropractic services
13. Podiatry services
14. Optometry

Preventative 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.

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.

