

AvMed's Physician-to-Physician Referral Program

Quick Reference Guide

For Primary Care Physicians

Introduction

Primary Care Physicians (PCPs) play a critical role in the health of our Medicare members and are in the best position to coordinate their health care needs. With the launch of our new Physician-to-Physician referral program, PCPs will provide referrals for AvMed Medicare members to access most Specialty Care Services. PCPs will access the referral system to create and verify referrals, while Specialists will access it only to verify referrals. A referral does not require AvMed's approval. It has been established to promote better communication and coordination between treating physicians.

For a detailed list of services needing referrals or exceptions, such as various preventative services and mandated open access services you can view the Referral Guidelines on AvMed's Provider Portal.

The Requesting Provider will create the referral in three easy steps:

1. Access the new referral portal.
2. Create the referral for the member.
3. Send the referral electronically to the selected Specialist.

Important Note about Referrals for AvMed Medicare Members

AvMed requests that Specialists, known as Service Providers in our referral portal, honor all scheduled Member appointments *regardless of the existence of a referral*. If a Medicare Member is seeking specialty treatment and the Service Provider cannot confirm a referral at the time, AvMed requires the Specialty Provider contact the Member's Primary Care Physician to obtain the required referral.

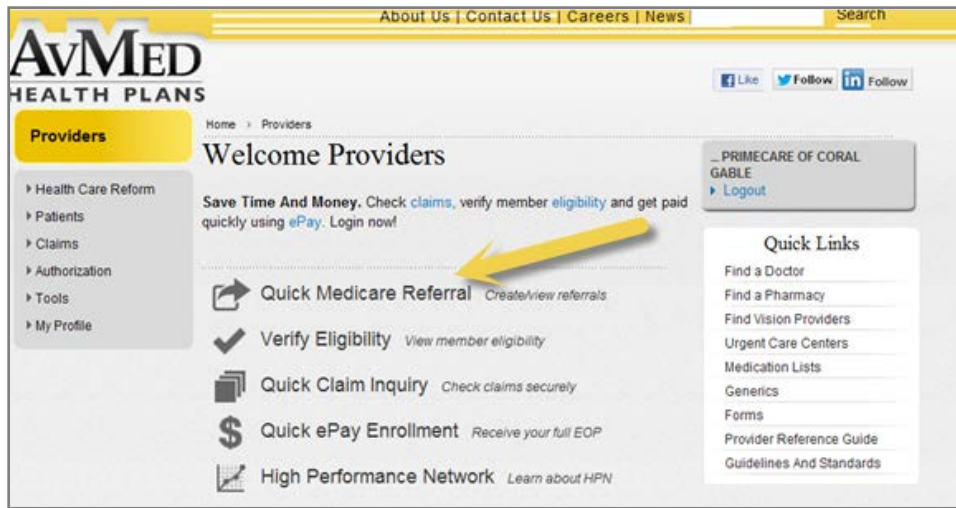
Step 1: Access the new referral portal.

Log into the AvMed Provider Portal: To get started, the PCP, known as the Requesting Provider in our system, will log into the AvMed Provider Portal using your unique individual or group provider username and password. Your login credentials allow you single sign-on access to all areas of AvMed’s provider website, including the physician-to-physician referral portal.



For Help: If you don’t have this information, we are here to help you. Contact us by phone, email, or fax – whatever’s most convenient. *Phone:* Referral Support Center 1-800-452-8633 (#5) *Email:* provider@avmed.org, *Fax:* 1-877-231-7695

Quick Medicare Referral: Once you’re logged in, select the “*Quick Medicare Referral*” button.



Note: You’ll then see a disclaimer advising that you’re leaving the AvMed web site and entering a third party portal. Select “I agree” if you’re a solo provider. If you’re part of a group practice, select the individual provider in the group and then click “I agree.” You must agree with the terms and conditions of the disclaimer to create or review a referral.

Step 2: Create a referral for the member.

New Referral Tab: Once logged into the referral portal, the Requesting Provider will land in the “New Referral” tab to easily create a referral for the member. The first time a Requesting Provider logs into the portal, you’ll be asked to enter some basic information about yourself and the Member. This information will auto-populate in future sessions as long as you use the same login credentials.

The screenshot shows the AvMED Health Plans interface. At the top, there's a navigation bar with 'Referrals', 'Find Providers', and 'Setup'. Below that, a yellow banner reads 'New Referral | Referral Status Inquiry'. The main section is titled 'Step 1 - Patient and Provider Information * indicates required fields'. It contains two main sections: 'Patient Information' and 'Requesting Provider'. The 'Patient Information' section has fields for Member ID, Date of Birth, Member Last Name, and First Name, along with a 'Verify Member' button. The 'Requesting Provider' section has fields for Provider ID Type (a dropdown menu currently showing 'Payer Assigned ID'), Provider ID, Individual/Organization (a dropdown menu currently showing 'Individual'), Last Name/Organization, and First Name. Two yellow arrows point to the 'Verify Member' button and the 'Individual/Organization' dropdown menu.

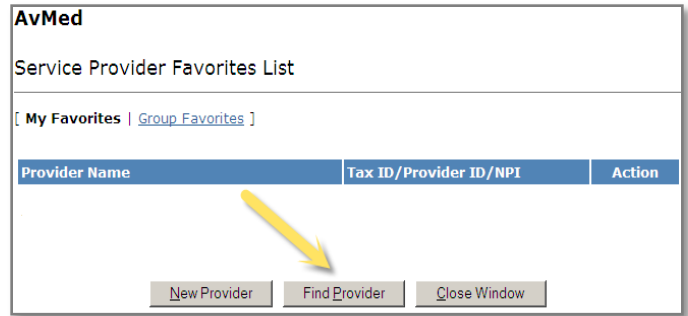
Verify the Member: To confirm eligibility, enter the Member ID and date of birth and click “*Verify Member.*” You’ll see red asterisks by the fields that require information to complete the referral transaction. If you are unable to verify a Member, please check your information and try again.

This is a close-up of the 'Verify Member' section. It shows the Member ID and Date of Birth fields, the Member Last Name and First Name fields, and the 'Verify Member' button. A yellow arrow points to the 'Verify Member' button.

Select the Service Provider: Once you verify the member information, click the “*Edit*” button to select the Service Provider.

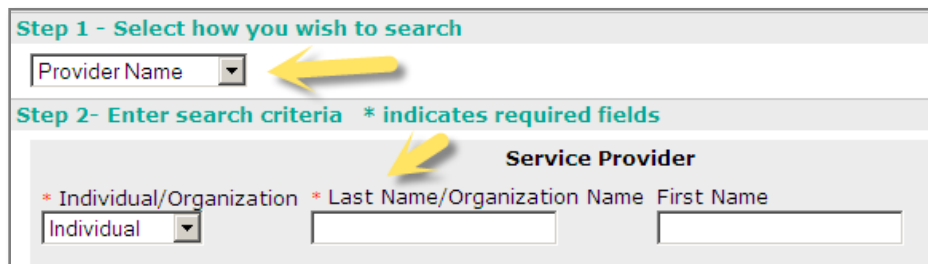
This is a close-up of the 'Service Provider' section. It shows the Provider ID Type dropdown menu (set to 'Payer Assigned ID'), the Provider ID field, the 'Edit...' button, the Provider Name or Group Name field, and the Group Practice Number field. A yellow arrow points to the 'Edit...' button.

Service Provider Favorites List: Your list of favorite specialty Service Providers will initially display and show all specialty Service Providers who you have previously selected for a referral and saved. If you have not created a list of favorites, click the “Find Provider” button to search and add to favorites.

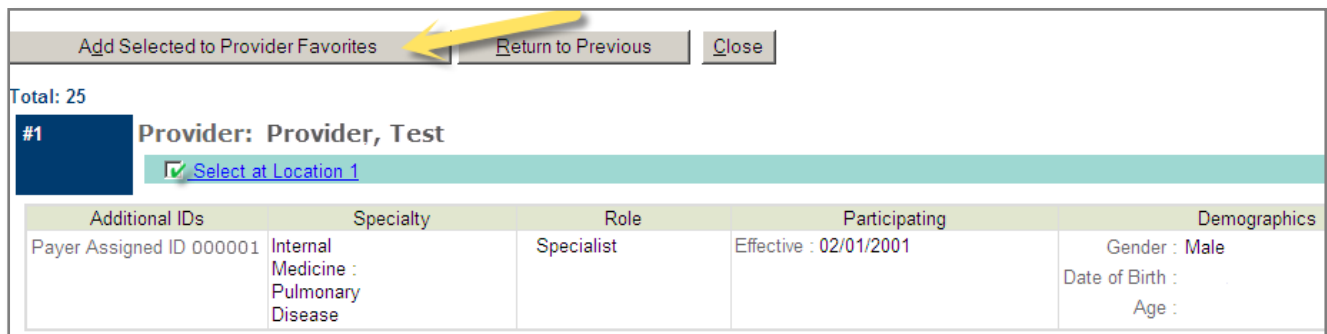


Note: We highly recommend that you confirm the service provider’s name and/or AvMed Provider ID prior to completing this step. You can find the complete Provider information in AvMed’s online provider directory at www.avmed.org/providers.

Search Options: The search tool will allow to you look up participating AvMed specialty providers by Name, AvMed Provider ID, or Specialty Taxonomy. Enter the information for your query, and click “Search.”



Service Provider Listings: A Service Provider search will provide you with up to ten (10) provider locations. You can check off the radio box(s) next to any provider’s information and use the “Add Selected to Provider Favorites” button to add the Service Provider(s) to your list of favorites for future convenience.



Confirming a Service Provider: To confirm a Service Provider, simply click the specific blue “Location” hyperlink to auto-populate the referral screen. Once a Service Provider has been chosen, the search tool automatically populates the selected provider’s location(s), specialty type, and other demographic information in the referral screen.

#1 **Provider: Provider, Test**

[Select at Location 1](#)

Additional IDs	Specialty	Role	Participating	Demographics
Payer Assigned ID 000001	Internal Medicine : Pulmonary Disease	Specialist	Effective : 02/01/2001	Gender : Male Date of Birth : Age :

Referral Information: After you have selected the Service Provider, you will enter the specific referral information for the member, including the number of visits, diagnosis code(s), and any clinical comments. An asterisk denotes required fields.

Step 2 - Referral Information * indicates required fields

* Visits End Date(90 days from Start Date)
 1 08/20/2013

Diagnosis Codes
 Code
 - 1.

Clinical Comment

***Number of Visits:** Start by selecting the number of visits that the member may have with the Service Provider—from one to three. The member has the option to use the requested number of visits during a 90 day period. The referral will be valid for 90 days from the date the referral was created; the specific date will automatically populate for your convenience.

* Visits End Date(90 days from Start Date)
 1 08/20/2013
 1
 2
 3

Diagnosis Codes
 Code
 - 1.

***Diagnosis Codes:** Enter the appropriate diagnosis code(s) for the member. Click on “Edit” to search from a list of ICD-9 codes or perform a code inquiry.

Diagnosis Code Favorite List: The list of favorite codes will initially display. You may also select and save ICD-9 codes from the list displayed as future referral “favorites.” To continue to search for codes, click the “Find Code” button.

ICD Diagnosis Code Favorite List [My Favorites | Group Favorites]

Code	Description	Action
315.34	Speech and language developmental delay due to hearing loss	Select Remove
388.12	Noise-induced hearing loss	Select Remove
388.2	Unspecified sudden hearing loss	Select Remove
389.11	Sensory hearing loss, bilateral	Select Remove

Find Code Close Window

Finding an ICD Diagnosis Code: You may search for a diagnosis code by “Code Key Words” or “Code Value.”

Find ICD Diagnosis Code

Step 1 - Enter search criteria

To search on multiple key words, separate them with a comma.

Code Key Words

Code Value

Max Result Rows

Step 2 - Submit Request

Submit Reset Show Favorite List Close Window

ICD Diagnosis Search Results: Once the diagnosis search information is submitted, the search results will be displayed. To add to your list of favorites, click the box to the left of the ICD-9 code, and then click the “Add to Favorites” button at the bottom of the search results. To add a specific Diagnosis Code to a referral, click the “Select” button next to the corresponding code.

ICD Diagnosis Code Search Result

There are 22 more codes matching the current search criteria.

All	Code	Description	Action
<input type="checkbox"/>	315.34	Speech and language developmental delay due to hearing loss	Select
<input type="checkbox"/>	388.12	Noise-induced hearing loss	Select
<input type="checkbox"/>	388.2	Unspecified sudden hearing loss	Select
<input type="checkbox"/>	389	Hearing loss	Select
<input type="checkbox"/>	389.0	Conductive hearing loss	Select

To Add More than One Code: Click the “Add Diagnosis Code” button. You may add up to 10 diagnosis codes per referral.

Diagnosis Codes

Code

1. Edit...

2. Edit...

Add Diagnosis Code

Clinical Comments: You may include clinical comments with the referral to the Service Provider in the space provided.

Step 3: Send the referral electronically.

Once you have completed all the information for the new referral (patient information, Service Provider information, number of visits, diagnosis code(s), and clinical comments), click “*Send*” to send the referral electronically to the selected Service Provider for the eligible Medicare Member.

Your referral submission will generate an automatic response that you may review (and retrieve at a later date) for accuracy, including the following data:

- ✓ The eligible Medicare Member information
- ✓ Requesting and Service Provider information
- ✓ Number of visits
- ✓ Validity period
- ✓ Diagnosis
- ✓ Default CPT Code

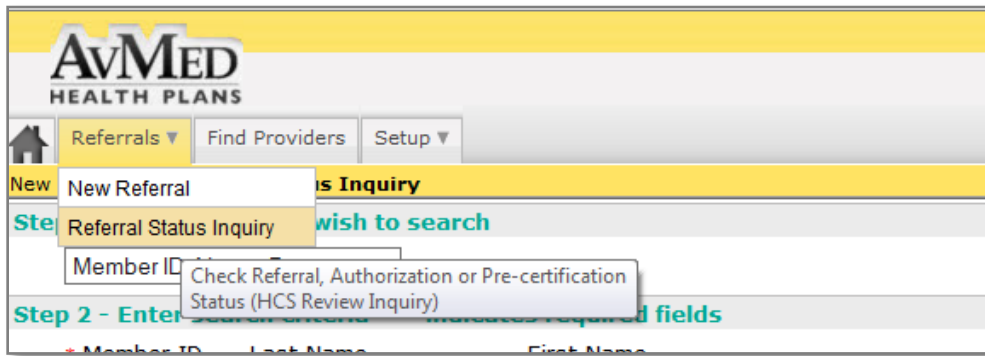
Note: You may receive a transaction error if one or more of the data fields entered are incorrect. You can find a list of common transaction errors and ways to correct them on the AvMed provider portal at www.avmed.org/providers.

If a printed copy is required for treatment or for your records, you can print the referral from your web-browser. Future print capabilities will be developed to enable PDF and portal printing.

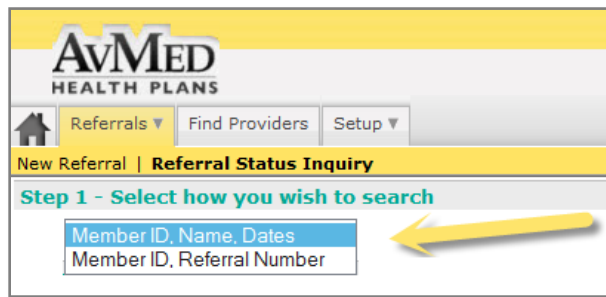
Perform a referral inquiry.

Should a Specialist call your office to confirm a referral, you can perform a referral status inquiry. Simply access the referral portal as usual.

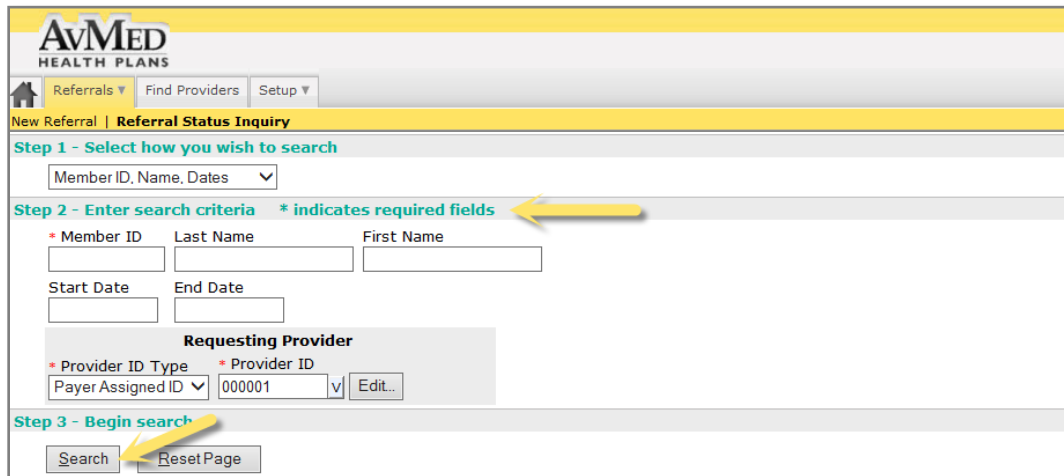
Referral Inquiry Tab: Once logged into the referral portal, click on “*Referrals*” and then “*Referral Status Inquiry.*”



Search Format: To begin, select how you would like to search: By *Member ID*, *Member Name* or *Referral Number*.



Search Criteria: Once you have chosen the search criteria, enter the corresponding required information noted by a red asterisk. Click the “*Search*” button to initiate a search inquiry and generate a referral status response.



Referral Response Example

AvMED HEALTH PLANS Logged in as: Eight Avmed | Friday, M

Referrals Find Providers Setup

New Referral | Referral Status Inquiry

AvMed

Health Care Service Review Status

Request: MemberID=A9999990100 ProviderID=000001
Emdeon Trace #: 970963464

Subscriber: MARY L POPPINS Member ID: A9999990100 DOB: 05/27/1937 Address: 17 CHERRY TREE LN CORAL GABLES, FL 33133	Submitter: DOCTOR WHO Submitter Type: Provider Payer Assigned Provider ID: 000001
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Referral (#AVMED10008050900)

annette testing with loaded dummy data DOCTOR WHO MARY POPPINS LUNG DOCTOR

Specialty Care Review Type: Initial

Certification Status: **Certified in total**
 Emdeon Trace #: 970963464
 Authorization #: AVMED10008050900
 Service Type: Physician Visit - Office: Well
 Place Of Service: Office
 Visit: 1
 Service Date: 05/23/2013-08/20/2013

Service Providers				
Provider Name	ID	Address	Provider Type	Specialty
DOCTOR LUNG	Payer Assigned Provider ID : 000004	2828 BREATH BLVD WESTON, FL 33331		Internal Medicine - Pulmonary Disease

Diagnosis	
Code	Description
200.00	RETICULOSRCOM XTRANOD&SOLID ORGN

Service Request	
Specialty Care Review	Procedure Details - Professional Service
Status: Certified in total Review Id #: AVMED10008050901	HCPCS Code: 99201 Description: OFFICE/OUTPATIENT VISIT NEW

[Return to Request](#)

If no referral exists, please enter the required information and create a referral in the system.

For more information on the Physician-to-Physician Referral Program, providers can look at the frequently asked questions on our AvMed Provider web site or contact us by phone, email, or fax.

- ☞ **Phone Number for Referral Support Center:** 1-800-452-8633 (option #5)
- ☞ **Email:** provider@avmed.org
- ☞ **Fax:** 1-877-231-7695