



MANAGED CARE SPECIALITY REFERRALS & AUTHORIZATION POLICY AND PROCEDURES

MSRDP Operating Procedure Number: MSRDP-2.006
Effective Date: December 1, 2000
Prepared By: MSRDP Business Administration And UNTHSC Quality Management
Purpose: To ensure referral and pre-authorization/documentation of each patient referral

Approval: _____

1.0 Policy. To ensure the effective management of referrals to specialists for all patients enrolled in a Managed Care Plan. To ensure required documentation and pre-authorization are obtained, for the referral or procedure, as required by the managed care payer prior to a visit being scheduled or procedure performed. All specialty referrals require Primary Care Physician (PCP) authorization. Documentation of all referrals and authorizations must be placed in the patients' medical record and entered into the Siemens Signature System Referral Tracking Module.

2.0 Purpose. To ensure referral and pre-authorization/documentation of each patient referral

3.0 Definitions.

Managed Health Care Plan/Third Party Payer. An organization financially responsible for the health care utilized by its subscriber/members. This may be a health maintenance organization, (HMO), capitated independent practice association, (IPA), or a preferred provider organization, (PPO).

4.0 Procedures.

4.1 All referrals from physicians require PCP approval and/or referral form.

4.2 PCP Referral Responsibilities



1. Physician determines that referral to a specialist for the performance of a procedure is necessary.
2. Physician documents the need for referral or procedure in the patient's medical record. Documentation of basic diagnostic testing is in the medical record. PCP documents a clinical summary containing clinical data and reason for referral. PCP must also document if request is for evaluation only or evaluation and treatment.
3. All referrals from physicians require PCP approval and/or referral form
4. The referral form should include at a minimum:
 - a. Patient name and membership number
 - b. Referring physician name, address and phone number
 - c. Referred-to physician information (including name, address and specialty)
 - d. Reason for referral
 - e. Physician signature or stamp
 - f. Medical record is given to the physician's assigned nurse or medical assistant.

4.3 Staff Referral Responsibilities:

1. Patient's managed care plan/third party payer is identified. Specialty clinics are to ensure that referral had been obtained and/or authorized by appropriate managed care plan/third party payer.
2. Record is reviewed to ensure appropriate documentation and signatures
3. Copy of each Consultation Request is submitted to designated staff for tracking of UNTHSC and TIOPA referrals.
4. Referral/Pre-certification Form is completed.
5. Referral Authorization forms will be requested from the patient at check-in. Patients who cannot provide a referral form or number upon check-in will be required to sign a letter of "no referral release" prior to obtaining services or the appointment will be



rescheduled until the patient can obtain a completed referral form from the referring physician or referring physician office.

- 4.4 The referral is then mailed, faxed or completed via telephone. Method of communication is based on: (1) urgency for referral need or (2) MCO fax or telephone availability.
- 4.5 Referral Responsibilities:
1. Referral information is entered into the Siemens Signature Referral Tracking module.
 2. Upon receipt of Authorization/Referral Number, specialists' office is notified via fax or telephone.
 3. Referral Number will be written on the Consultation Sheet and entered into the Signature Referral Tracking module.
 4. Appointment is scheduled with specialist and patient is notified.
 5. Follow-up via mail to the specialist with the inclusion of lab results, radiology reports or other pertinent clinical data as requested by the PCP.
 6. Specialists' report of patient care should be received via either fax or mail. According to TIOPA or UNTHSC direct contract criteria.
 7. Nursing staff reviews report and pulls chart. If immediate action is necessary, nursing staff notifies PCP of the receipt of report. If further review is necessary, report is placed in chart and placed in slot for review by the physician.

5.0 References.

Siemens Signature System Training Manual
Applicable managed health care plan provider procedure manuals.

6.0 Follow-Up and Review. Policy to be reviewed as needed or every three (3) years.



7.0 Responsibility.

Senior Associate Dean and Chief Medical Officer
Vice President, Practice Operations and Chief Administrative Officer
Senior Administrative Official in each Patient Care Department