DIRECT REFERRAL PROCESS – Overview

**Definition**

- A referral is an authorization from the Managed Care member’s PCP to receive medical services from another health care physician/provider.
- PCPs are expected to be involved in the total management of their Anthem patients’ care by referring members to network specialist physicians/providers as needed.
- Anthem utilizes a Direct Referral Process.
- PCPs are not required to notify Anthem of a referral when referring to in-network health care physicians/providers.  
  A copy of the referral does not need to be submitted to Anthem.

**PCP Responsibilities**

- The PCP makes an appropriate referral for specialty care to an in-network physician/provider.
- The PCP supplies the specialist physician/provider with the patient name, reason for referral, description of services authorized, and PCP's NPI.
- The PCP documents the referral in the member’s record.
- The PCP may communicate the referral to the specialist physician/provider by:
  - Call to specialist physician/provider
  - Other written document
- **Do not send a copy of the referral to Anthem.**

**Specialist Physician/Provider Responsibilities**

- The specialist physician/provider needs the member’s PCP referral authorization prior to rendering services to an HMO or POS member for the member to receive the highest benefit option.
- The specialist physician/provider documents receipt of the PCP referral authorization:
  - Include a copy of the written referral or document in the member’s record, or
  - Document the phone referral in the member’s record – indicate the date of the call, who called, reason for the referral, description of services being authorized, the PCP’s name and NPI.
- **Do not send a copy of the referral to Anthem.**
- If a PCP referral has been obtained, specialist physician/provider indicates the PCP’s name in Block 17 and the PCP’s NPI in Block 17b.

**Emergency/Urgent Care**

**In an Emergency Room or designated Urgent Care Center/Walk In clinic**

- Services received **do not require a PCP referral** authorization.
- Members are informed through member materials that they should notify their PCP when services are received.

**In a location other than an Emergency Room or designated Urgent Care Center / Walk In clinic**

- Services received in a network physician's/provider's office **does require a PCP referral** authorization. The physician/provider performing the services should contact the member's PCP to obtain the PCP referral information prior to submitting a claim for the services rendered.

**Out-of-Network Services**

- If a PCP determines that his/her Anthem patient should see an out-of-network physician/provider, the PCP must submit an out-of-network referral request to Anthem's Medical Management Department.  Anthem must approve the out-of-network referral request.
- The PCP should advise the patient that an out-of-network referral request must be submitted to and approved by Anthem prior to authorizing the referral to the out-of-network physician/provider.
Exception for BlueChoice New England and HMO Blue/Network Blue New England Plans

- The Direct Referral Process does not apply to certain situations for New England Managed Care Products:
  - BlueChoice New England (NHP, MTP, MEP, CTP, RIS)
  - HMO Blue/Network Blue New England Plans (NHN, YGL, MTN, MEN, CTN, RIN)
- *NH designated PCPs must notify Anthem of a referral authorization when referring a BlueChoice New England or HMO Blue/Network Blue New England member to a network physician/provider physically located outside New Hampshire (also referred to as “cross-border” referral).
- Referral notification may be submitted by:
  - Calling: 800 531-4450
  - Faxing: 877-539-3860
  - Mailing to: Anthem
  
- All other non-designated NH PCPs located in ME, MA or VT should comply with their local Blue Cross and Blue Shield Plan’s referral requirements.
- *Access Blue New England (YGE, EHF, EHG, EHH, EHJ, RIA) do not require any referrals for participating providers in CT, NH, MA, ME, VT, and/or RI. For providers outside the 6 New England states NH designated PCP’s must notify Anthem as noted above.

* For those PCP’s located outside NH but are designated as a NH PCP for the New England Managed Care Products must comply with NH guidelines.

Services That Do Not Require a PCP Referral Authorization

- A PCP referral authorization is not required for the following services:
  - Ambulance services
  - Anesthesia services (except for pain management)
  - Chiropractic services
  - Dental services
  - Diabetes education
  - Emergency room services
  - Lab services
  - Ob/Gyn services rendered by a network Ob/Gyn physician/provider
  - Pathology services
  - Radiology services
  - Routine vision exam and eyewear

NPI

For Providers That Submit on a CMS-1500 Claim Form

Effective Date

- The National Provider Identifier (NPI) must be indicated on claims submitted on and after May 23, 2008, when applicable.
- Anthem Blue Cross and Blue Shield began accepting the NPI as early as May 23, 2007. This will be required as of May 23, 2008.
Number Format

- NPIs are a 10-digit numeric number that contains no embedded intelligence and is a single identification number assigned by the federal government.

- Taxonomy codes are a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.

Where to Indicate

- The referring physician’s/provider’s NPI must be entered in Block 17b on the CMS-1500 claim form.

- The rendering physician’s/provider’s taxonomy code should be entered in Block 19 on the CMS-1500 claim form.

When to Use

- Specialty care physicians/providers –
  - indicate the PCP’s NPI when a referral has been obtained for a service that requires a referral.
  - leave Block 17b empty if no PCP referral was obtained for a service that requires a referral.

- Lab, Pathologists, Radiologist, and Anesthesiologists (except for pain management services) –
  - indicate the ordering physician’s/provider’s NPI.

- Services that do not require a PCP referral –
  - leave Block 17b empty.

DIRECT REFERRAL PROCESS
CMS-1500 CLAIM FORM – BLOCKS 17 AND 17b
INSTRUCTIONS

<table>
<thead>
<tr>
<th>For claim submitted by this provider type …</th>
<th>PCP Referral Required?</th>
<th>In Block 17 indicate …</th>
<th>And in Block 17b indicate …</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Ambulance</td>
<td>No</td>
<td>Leave Block Empty</td>
<td>Leave Block Empty</td>
</tr>
<tr>
<td>Chiropractor</td>
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<tr>
<td>Dentist</td>
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<td>Diabetes Educator</td>
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<tr>
<td>Emergency Room Physician</td>
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<tr>
<td>Ob/Gyn Provider for OB/Gyn service (also see Section C)</td>
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<td></td>
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<tr>
<td>Ophthalmologist or Optometrist for routine vision service: -routine vision exam -diabetic retinal exam -eyewear (also see Section C)</td>
<td></td>
<td></td>
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<tr>
<td>Oral Surgeon for dental service (also see Section C)</td>
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<tr>
<td>PCP or PCP back-up</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>For claim submitted by this provider type ...</td>
<td>PCP Referral Required?</td>
<td>In Block 17 indicate ...</td>
<td>And in Block 17b indicate ...</td>
</tr>
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</tr>
</tbody>
</table>
| B | Anesthesiology – excluding pain management (also see Section C)  
- Laboratory  
- Pathology  
- Radiology | No | Name of ordering provider | Ordering Provider’s NPI |
| C | Anesthesiology - for pain management (also see Section B)  
- Ambulatory Surgery Center  
- Ob/Gyn Provider for non-Ob/Gyn service (also see Section A)  
- Ophthalmologist or Optometrist for: non-routine service (also see Section A)  
- Oral Surgeon for medical service (also see Section A)  
- All Other Providers for service requiring a PCP referral | Yes | • If PCP referred – Name of PCP  
• If not referred – “Self” | • If PCP referred – PCP’s NPI  
• If not referred – Leave Block Empty |
| D | Durable Medical Equipment Supplier | Yes, however, a written order from any network specialist is accepted | • If written order – Name of PCP  
• If no written order – “Self” | • If written order – PCP’s NPI  
• If no written order – Leave Block Empty |