

FLORIDA HEALTH CARE PLANS - REFERRALS AND PRIOR AUTHORIZATIONS

It is important to understand the difference between a Referral and a Prior Authorization, and how and when to obtain each one.

A **REFERRAL** is a Practitioner's "order" or a member request that facilitates a Member to see another Practitioner (example, a specialist) for a consultation or a health care service that the referring Practitioner believes is necessary but is not prepared or qualified to render. A referral order may be submitted by your Practitioner electronically, by telephone, or in writing by fax or mail. A member can request a referral by either calling his/her Primary Care Physician or calling Member Services.

Direct Access providers do not require the Member to obtain a referral order.

Members that have the Triple Option Rider or Point of Service Rider do not need a referral order to see a specialty practitioner unless requesting consideration for the service at the lowest FHCP HMO cost share.

PRIOR AUTHORIZATION is a "process" of reviewing a Practitioner referral order for certain medical, surgical or behavioral health services to ensure the medical necessity and appropriateness of the requested care prior to the health care service being rendered to the Member. The review process also includes a determination of whether the health care service being requested is a covered benefit under the Member's benefit plan. If the requested service is approved, the service is covered under the cost benefits defined in your plan. Members can view their Summary of Benefits Coverage at any time in the FHCP Member Portal at www.fhcp.com/ If the requested service is not authorized, the Member and the provider are notified in writing with the specific reasons for the denial, along with their appeal rights.

DIRECT ACCESS health care services are health care services that do not require a Member to obtain a referral order. Direct Access providers may be identified in the Provider Directory or in the Provider Search on www.fhcp.com/. Members may call Direct Access Providers to schedule their appointments and care without obtaining a referral order. Examples of Direct Access Services include: Acute Low Back/Neck Pain Program, Chiropractic, Colonoscopy Screening¹ Dermatology, Gynecology, Hearing Aid Services, Hospice, Obstetrical Services, Optometry, Sport Medicine, Ostomy Services, Pelvic Health Program, Podiatry, Smoking Cessation, Weight Management Program² and FHCP Wound Care Services.

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The following health care services are examples of services that can be completed with a Referral Order from your provider and **do not require a Prior Authorization.**

- Services provided by FHCP contracted Allergists, Behavioral Health Providers, General Surgeons, Hematologists/Oncologists, Orthopedists, Rheumatologists, Pain Management Providers, Outpatient Rehabilitation Providers including Physical, Occupational and Speech Therapists and Sleep Studies.
- Durable Medical Equipment, such as, canes, mastectomy bras, oxygen, walkers and wheelchairs
- Dialysis

The following health services are examples of services that **require a Prior Authorization.**

- All inpatient services
- All non-participating providers or facilities in or out of FHCP's service area
- Braces, Orthotics, Prosthetics
- Breast MRI's
- Cardiac Rehabilitation
- Clinical Trials
- Genetic Testing and Genetic Counseling
- PET Scans when ordered by a Primary Care Provider
- Organ and Bone Marrow Transplants
- Referrals to an Oral Surgeon or to Oral Surgery
- Referrals to a Plastic Surgeon or to Plastic Surgery
- Surgeries that are inpatient, 23-hour Observation, or Outpatient
- Varicose Vein evaluations and treatment
- Central Florida Regional Hospital Wound Care
- Certain Medications as identified on the FHCP Formulary, or FHCP policy, as requiring Prior Authorization
- Services that may be investigative or outside the realm of accepted mainstream medical care
- All procedures or surgeries that have FHCP Clinical Criteria require review and authorization at any location. See a listing of FHCP's Clinical Criteria on <http://www.fhcp.com/providers/medical-guidelines/clinical-practice-guidelines>

For more detailed information refer to your Certificate of Coverage & Summary of Benefits and Coverage *OR* your Evidence of Coverage & Summary of Benefits.

¹ Colonoscopies for Members 65 years or older are generally once every 120 months (once every 24 months if you're at high risk), or 48 months after a previous flexible sigmoidoscopy.

² Program is open to FHCP members 18 years & older with a BMI of 30 or above, who have been a Member for at least 6 months. Members may call the Halifax Fitness Center directly at (386) 254-4031 and ask to speak to a dietician.