

HMO Benefit Plans
REFERRAL (PRE-SERVICE / PRIOR AUTHORIZATION)
QUESTIONS AND ANSWERS

What is a Referral?

A Referral is an order from your Provider indicating you need specialty health services. About ninety percent (90%) of Referrals do **not** need prior authorization by FHCP in order to be covered. The remaining ten percent (10%) require FHCP review and prior authorization before the service is rendered. Referrals are one of the methods FHCP uses to coordinate and assure necessary care, while protecting Members from unnecessary care. Referrals also drive quality of care and help manage service efficiencies and cost for our Members by giving your Provider needed clinical data to review before your appointment. Prior authorization is not required for any emergency care or urgent care outside of Volusia and Flagler Counties.

1. Do I need a Referral from my PCP to see a Specialist?

- a. If you are on an HMO plan, yes, you will need a Referral to see most Specialty Providers. However, there are certain specialists and services listed in the FHCP Directory under the category of "Direct Access" that do not require a Referral from your PCP.
- b. If you are on a Point of Service (POS) or Triple Option plan, you will not need Referrals; however, the cost of care outside FHCP's network will cost you more. Some services will require Pre-Certification. Please see #7 below for additional information.

2. What is a Direct Access?

Direct Access means that you do not need a Referral from your treating Provider to access non-emergency care and services from certain HMO participating Providers. You may directly access the services of FHCP HMO Chiropractors, Dermatologists, Gynecologists, Obstetricians, Optometrists, and Podiatrists. In addition to these Direct Access Providers, there are certain Direct Access services that you can schedule yourself. Direct Access services are screening mammograms, sports medicine assessments, Well Woman's Assessments with a gynecologist and an appointment with a gastroenterologist to discuss a screening colonoscopy. For a complete listing of HMO Direct Access Providers, refer to the FHCP HMO Provider Directory.

3. Who reviews Referrals that require Prior Authorization?

Referrals that require Prior Authorization by FHCP are reviewed in the FHCP Central Referrals Department by Nurses and FHCP's Utilization Management Physicians. The physician team consists of Primary Care and Specialty Care Providers.

4. Who makes my appointment?

As an additional service to our Members, FHCP will often schedule visits for referred services for you. If the Referral does not require Prior Authorization for the service, you or the Provider's office staff can schedule the appointment. When your approved Referral does require Prior Authorization by one of FHCP's Utilization Management Physicians, the FHCP Central Referrals Department will usually schedule the appointment for you.

5. What are some examples of Referrals that require Prior Authorization by FHCP?



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Some examples include: orders for braces/prosthetics (i.e. back braces and leg braces), genetic testing, referrals to non-participating Providers and hospitals, orders for elective surgeries, a referral to a plastic surgeon and an order for an organ transplant.

6. How will I know if my Referral is denied?

FHCP's Utilization Management Physician Team will notify you and the referring Provider with a written explanation of the denial. The denial letter will outline the reason for the denial and the denial appeal process available to each party.

8. If my Referral is denied, what course of action can I take?

You have the right to appeal FHCP's decision. After discussing your denial with the referring Provider, you may call Member Services at (386) 615-4022, or 1-877-615-4022 for further direction. If you have a hearing or speech impairment, please call us at TRS Relay 711.

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Examples of Services Requiring Pre-Service Prior Authorization

This list is only an example of the services requiring Prior Authorization and is subject to change.

For a definitive list of services requiring Prior Authorization,
consult your Handbook or call Member Services (386) 615-4022, or 1-877-615-4022.
If you have a hearing or speech impairment, call us at TRS Relay 711.

Balance and Vestibular Testing

Braces / Orthotics / Prosthetics

Cardiac Rehabilitation

Diagnostic Testing:

Breast MRI

Stereotactic Breast Biopsy

Sestamibi Scans

Ultrasound Guided Needle Breast Biopsy

CT Colonography (Virtual Colonoscopy)

Pill Cams

Genetic Testing

Pet Scans when ordered by a Primary Care Physician

Durable Medical Equipment – These Items Only - Mattress Gel Overlays, Wheelchair Cushions, Alternating Pressure Relieving Mattresses, Pumps and Pads, and Mattress Replacement Systems

Lymphedema Clinic

Non-Participating Providers and Hospitals

Organ and Bone Marrow Transplants

Physical Medicine & Rehab Services

Prior Authorization Medications (Refer to your Pharmacy Rider)

Pulmonary Rehabilitation

Referrals to an Oral Surgeon & Oral Surgery

Referrals to a Plastic Surgeon & Plastic Surgery

Services Performed by a Mid-Wife in the home or a Birthing Center

Surgeries (All In-Patient or Out-Patient)

Varicose Vein Evaluations & Treatment

Certain medications as identified on the FHCP Formulary

All Out-of-HMO-Network Non-Emergency/Urgent Services require an approved Prior Authorization
for the Member to receive services at HMO rates.