

# TIPS ON THE REFERRALS PROCESS

*We receive many questions about referrals. Here is a refresher on the USFHP referrals process.*

- ★ USFHP at PacMed is a TRICARE Prime benefit and a managed care plan, so all referrals must be authorized in advance.
- ★ The primary care provider within the USFHP network coordinates all medical services required by his or her patients and manages referrals to specialists. As often as possible, members will be directed to providers/facilities within the USFHP network.
- ★ Patients do not need a referral for these services:
  - Emergency care
  - Office-based, outpatient behavioral health visits (to a TRICARE-authorized provider)
  - Routine annual mammography (to a TRICARE-authorized provider)
  - Routine annual eye exam (to a TRICARE-authorized provider)
- ★ To request a referral, use a *Referral Request form*. USFHP receiving the form does not constitute authorization. You must have an authorization number, usually provided in an automatically generated *Referral Authorization form*. Once a referral is authorized by USFHP, the patient can call the specialist for an appointment.
- ★ No authorization number when a patient arrives? Call the referring provider office or USFHP Member Services. Without authorization, your claim will be denied, and the patient will not be held financially responsible.
- ★ If patients receive services without a referral, they will be covered under the Point of Service option, which carries higher cost shares (emergency services are an exception). Providers cannot charge patients more than the TRICARE allowable for such services.

As often as possible, members will be directed to facilities within the USFHP network.

More information about referrals, including admissions to hospitals and skilled nursing facilities, are in the Provider Manual. It can be found at [www.USFHPnw.org](http://www.USFHPnw.org) under the Provider Resources tab.



## REFERRALS CHECKLIST:

**1. Ask to see the USFHP member ID card.**

If no card is available, verify eligibility by calling USFHP Member Services.

**2. Request the appropriate copay amount.** See *Copays Quick Reference Guide* in this newsletter.

**3. Review the referral form.** Ensure the form includes the authorization number, number of visits and expiration date.

**4. Provide only the services authorized.** Services not authorized, not indicated on the

referral form or provided in greater quantity than authorized will be denied payment.

**5. Keep USFHP referring provider informed.** Send a summary/report with patient name and referral authorization number clearly indicated to the referring provider within 30 days.

**6. Get new authorization for services beyond the scope of the original referral.** Contact the USFHP referring provider for authorization of additional services or to make a new referral.