

WVCH: Referral and PA requirement changes

Effective for Dates of Service 04/01/2012:

Referrals will no longer be required for:

Audiology
Cardiology (Cardio and Thoracic Surgery)
Endocrinology
Hematology Oncology
Nephrology
Ophthalmology
Radiation Oncology

PCPs and the above specialties will no longer need to create an insurance referral in CIM to allow a member to be seen by these specialties (this includes OHSU)

- The specialty provider's office should confirm eligibility and consider issues related to non-funded diagnoses using the tools below:
 - Eligibility in CIM
 - DMAP line finder to check for non-funded diagnoses
- If a member requests to be seen, after an initial diagnostic visit which confirmed a non-funded diagnosis, the specialty provider's office may:
 - Have the member sign a DMAP-approved waiver
 - or
 - See the member and pursue a claim appeal upon claim denial

The initial claim from a specialist with a non-funded or symptom diagnosis will be reimbursed with no authorization required, in compliance with the OHP guidelines for coverage of a diagnostic visit for any diagnosis. Additional claims received, for the same specialty type even if a different office, with a non-funded or symptom diagnosis will be denied at the claims level. The provider may appeal a claim denial if needed.

Claims has been directed to process incoming claims for DOS 04/01/12 forward with the above adjudication rules.

For Process questions contact Krista Lovaas, WVP Provider Relations, 503-587-5123

For CIM/Technical questions contact Provider Services at PHTech 503-584-2150