

**Insurance approved referrals are not required for the following specialties for WVCH CCO:**

Audiology

Hematology/Oncology

Interpretive Service

Nephrology

Ophthalmology

Radiation Oncology

PCP's 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 (Including OHSU).

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. Additional claims received, for the same specialty type even if from a different office, with a non-funded or symptom diagnosis will be denied at the claims level. The provider may appeal a claim denial.

- 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 verify coverage of the diagnoses
- If a member requests to be seen, and a specialist is willing to see the member, after an **initial diagnostic visit** which confirms a **non-funded diagnosis**, the specialty office may:
  - Have the member sign a DMAP approved waiver; OR
  - See the member and pursue a claim appeal upon claim denial