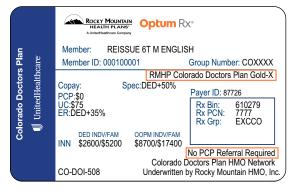# Referral requirements for Colorado plans
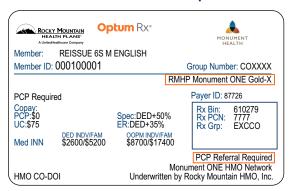
Quick reference guide

Colorado Doctors Plan, Monument Heath HMO, Monument ONE HMO, Rocky Mountain HMO Valley and Rocky Mountain Sky benefit plans offer UnitedHealthcare Individual Exchange plan* members a customized, focused network of health care professionals. Some plans require referrals.

Example member ID card

Colorado Doctors Plan HMO

ROCKY MOUNTAIN HEALTH PLANS A UnitedHealthcare Company	**Optum** Rx®

Member: REISSUE 6T M ENGLISH
Member ID: 000100001   Group Number: COXXXX

RMHP Colorado Doctors Plan Gold-X

Copay: Spec:DED+50%
PCP:$0   Payer ID: 87726
UC:$75
ER:DED+35%   Rx Bin: 610279
                                    Rx PCN: 7777
                                    Rx Grp: EXCCO

DED INDV/FAM   OOPM INDV/FAM
INN $2600/$5200 $8700/$17400

No PCP Referral Required
CO-DOI-508   Colorado Doctors Plan HMO Network
                    Underwritten by Rocky Mountain HMO, Inc.

Colorado Doctors Plan | UnitedHealthcare

Monument ONE HMO plan

ROCKY MOUNTAIN HEALTH PLANS A UnitedHealthcare Company	**Optum** Rx®	MONUMENT HEALTH

Member: REISSUE 6S M ENGLISH
Member ID: 000100001   Group Number: COXXXX

RMHP Monument ONE Gold-X

PCP Required   Payer ID: 87726
Copay:
PCP:$0   Rx Bin: 610279
UC:$75   Spec:DED+50% Rx PCN: 7777
             ER:DED+35%   Rx Grp: EXCCO

DED INDV/FAM   OOPM INDV/FAM
Med INN $2600/$5200 $8700/$17400

PCP Referral Required
HMO CO-DOI   Monument ONE HMO Network
                       Underwritten by Rocky Mountain HMO, Inc.

Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

Plans overview

Plan	Primary care physician (PCP) required?	Accessing care		
		In-network benefits	**In-network without referral**	**Out-of-network benefits**
Colorado Doctors Plan	Yes	No referral needed	No referral needed	No coverage**
Monument Health HMO	Yes	Referral needed	Referral needed	No coverage**
Monument ONE HMO	Yes	Referral needed	Referral needed	No coverage**
Rocky Mountain HMO Valley	Yes	Referral needed	Referral needed	Coverage
Rocky Mountain Sky	Yes	Referral needed	Referral needed	No coverage**

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.
**Except for emergency services and related admissions

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Understanding referrals and prior authorization/notification

Referral requests are different from prior authorization requests.

A **referral request** is entered by the member's primary care physician for the member to see a specialist.

A **prior authorization request** is for a provider (PCP or specialist) to perform a specific service that's on our prior authorization list. We must approve the prior authorization request for you to perform the service.

A **prior notification request** informs us that you've scheduled a specific service that'll be performed in the future. You don't need our approval to perform the service.

These plans may require both referrals and prior authorizations/notifications. We may reduce or deny coverage if you don't submit these requests to us.

Referral requirements

All the plans in the table above require a referral for a member to see most network specialty care providers. Certain services don't require referrals.

- We require a referral for a member to see most network specialty care providers
- Unless otherwise allowed by law, you must submit referrals electronically by using the UnitedHealthcare Provider Portal
- Referrals to network physicians must be submitted electronically by the member's assigned primary care provider (PCP) or a PCP within the same provider network
- You can backdate referrals up to 5 calendar days prior to the date of entry
- Referrals are valid for 6 months or 6 visits, whichever is met first (unless they meet the chronic conditions listed below)
- Referrals must be submitted before the services are rendered
- Members without valid referral on file with the admitting physician for planned inpatient or outpatient services won't have coverage for both the admitting physician's claim and the hospital claim
- We require referrals for members to see nurse practitioners or physician assistants who practice as specialists
- The diagnosis you indicate in the claim must be the same or similar to the diagnosis in the approved referral request

When to submit a new referral request

Please submit a new referral when a member:
- Needs to see another specialist
- Needs additional visits after the referral expires
- Needs additional visits after using all the initial approved visits

We don't need you to request a new referral if a member sees a covering physician with the same specialty within the same TIN for the same diagnosis.

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How to submit referral requests

To submit and view your referral requests, please use the UnitedHealthcare Provider Portal. To sign in to the portal, visit **UHCprovider.com** and click the sign in button at the top right of the screen. This secure online portal gives you access to patient information and more. To use the portal, you will first need to register for a One Healthcare ID, if you don't already have one. Visit **UHCprovider.com/access** for detailed instructions and training.

By accessing the referrals tool in the provider portal, you can:

- See if you need to submit a referral for your patient
- Submit a referral request and receive a confirmation number
- Check the status of a referral request
- View, print or save confirmation numbers and timelines for submitted referrals

Services that don't require referrals

- Any services from a network physician who shares a TIN with the member's PCP or is the PCP's covering network physician
- Any services from network OB-GYN (specialists, nurse practitioners, nurse midwives and physician assistants)
- Routine refractive eye exam from network providers, including network optometrists
- Mental health/substance use disorder services with network behavioral health clinicians
- Services rendered in any emergency room
- Services rendered in network urgent care centers, network convenience care clinics or network virtual visits (e.g., telehealth)
- Services from network pathologists, radiologists or anesthesiologists
- Virtual health services from network health care professionals for primary or urgent care needs
- Physician services for emergency/unscheduled admissions or emergency ambulance services
- Any services from facility-based inpatient/outpatient network consulting physicians, network assisting surgeons, network co-surgeons or network team surgeons
- Outpatient network labs, network X-rays or network diagnostic services (Note: Services billed by network specialists require referral)
- Network rehabilitative services (e.g., physical, occupational, speech, aural and cognitive therapies), with exception of manipulative therapies
- Treatment and vision therapy (e.g., physician services) (Note: Services billed by network specialists require referral)
- Any other network services as required by state mandates
- Services provided by Indian Health Service

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Referral guidelines

Each referral may include up to 6 visits. Unused visits expire 6 months from the referral start date. After the 6 visits are used or expire, the PCP may submit another referral to the network specialist for up to 6 visits.

For members with certain chronic conditions, we accept referrals for up to 99 visits in a 6-month referral period.

Chronic conditions eligible for standing referrals of up to 99 visits:

- Allergy rhinitis
- AIDS/HIV
- Amyotrophic lateral sclerosis
- Anemia
- Cancer
- Cystic fibrosis
- Epileptic seizure
- Fracture care*
- Glaucoma
- Myasthenia gravis
- Multiple sclerosis
- Parkinson's disease
- Renal failure (acute)
- Seizure
- Thrombotic microangiopathy

Resources

For more information, please see these resources on **UHCprovider.com:**

- **Administrative Guide for Commercial**
- **Referrals**
- **Prior authorization**
- **Digital Solutions Training and Guides**

Questions?

- Chat with a live advocate 7 a.m.–7 p.m. CT from the **UnitedHealthcare Provider Portal.** You can also contact UnitedHealthcare Provider Services at **877-842-3210,** TTY/RTT **711,** 7 a.m.–5 p.m. CT, Monday–Friday.

- For general questions, please call Provider Services at **888-478-4760**

*We don't require that you specify the fracture care procedure in the referral.