



Referral vs. Prior Authorization

This notification is to clarify when a Prior Authorization is needed, and how to handle Referrals.

Referrals

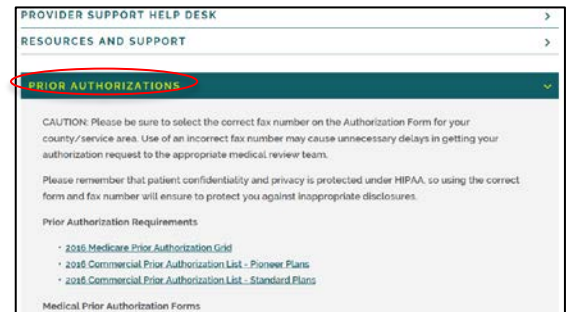
Most of ATRIO Health Plans do not require a Referral from a PCP to see a specialist. An ATRIO member can see a specialist without a Referral as long as the specialist permits self-referrals. ATRIO does not track Referrals nor do we require referrals to be submitted in CIM. If a Referral is submitted via CIM or by fax, our medical management teams will return the referral back to the submitting provider along with this document to explain that determinations are not issued on referrals.

Prior Authorizations

ATRIO Health plans does however require some plan benefits be prior authorized and a formal determination of medical necessity be issued by our designated Medical Directors. PCP or Specialist may submit prior authorization request to ATRIO health plans as required by the benefit. A list of services and items that require a Prior Authorization for Medicare Advantage and Commercial Standard and Commercial Pioneer plans can be found

here <http://www.atriohp.com/Providers.aspx> under the heading titled “Prior Authorization”.

All requests for Prior Authorization of services submitted will be reviewed and a decision issued within the required timeframes and/or as promptly as the health condition of the member requires. Providers may gain access to CIM for submitting and receiving decisions of prior authorizations.



Definitions:

- **Prior Authorization:** A process through which the physician or other health care provider is required to obtain advance approval from the plan for a service or item furnished to an member, also known as a pre-service authorization request. Unless specified otherwise with respect to a particular item or service, the member is not responsible for obtaining (prior) authorization.
- **Referral:** A process through which the member’s primary care physician or other network physician (depending on the plan policy) permits or instructs the member to obtain an item or service from another physician or other provider type.

[MMCM Ch. 4, Section 110.1.1 – Provider Network Standards](#)

If there are questions about how to select a specialist, or to find out if a prior authorization is needed to see a specialist, call ATRIO Health Plans customer service at **(877) 672-8620**, Mon-Fri, from 7:30 a.m. to 8 p.m.