

Referrals and Precertifications/Prior Authorizations

Referrals



Prior to issuing a referral, a member's eligibility and benefits should always be verified, either through NaviNet.net or by contacting the [customer service team](#).

A referral does not guarantee a member's coverage or Geisinger Health Plan payment.

A referral is required when Geisinger Health Plan is not the primary health insurance.

Outpatient referral – the mechanism used by a primary care physician (PCP) to coordinate specialty care services with a specialty care physician (SCP)

Referrals are only required for the following lines of business:

- GHP Family
- GHP Marketplace HMO plans
- Certain self-funded plans for which GHP acts as third party administrator (TPA) – referral requirements may vary among self-funded plans

A referral is required for:

- Outpatient specialty consultative, evaluation and management and surgical services performed by a participating provider.
- Invasive procedures performed by a participating provider (may include, but not limited to bronchoscopy, colonoscopy, endoscopy and flexible sigmoidoscopy). Please note: The referral should be issued to the participating provider performing the procedure, not to the facility where it is performed.
- Obstetrical and gynecological services for TPA Gatekeeper product members who are not entitled to direct access to these services (verify with customer service).
- Wisdom teeth extraction for a TPA Gatekeeper product member entitled to a benefit for extraction of bony, impacted wisdom teeth.
- Specialty services immediately following an emergency department or inpatient hospital discharge.

Emergency services do not require a referral:

- All members are entitled to emergency services without a referral or Geisinger Health Plan authorization. Follow-up services after discharge are not considered an emergency and are subject to referral by the member's PCP. Any follow-up services to be provided by an out-of-network provider require medical director precertification, unless permitted by the member's plan.

Invalid referrals

Outpatient referrals are not valid when:

- Issued retroactively for specialty services for which PCP authorization was not obtained.
- Issued to a non-participating provider.
- Member does not have active Geisinger Health Plan coverage at the time of Referral.

Please note: Utilization of a non-participating provider requires precertification in advance by a Geisinger Health Plan medical director at 800-544-3907, option 2.

Referral submission and retrieval

Referrals are entered online through NaviNet.net. On the plan central page, click on *Referral Submission*, search for the member and complete the required information. Specialists can search for existing referrals under *Referral Inquiry*.

When certain specialties are chosen by the PCP, Geisinger Health Plan groups that request into multiple related specialties. However, only one of these specialties is displayed in NaviNet.net. For example, if a GHP member was referred to urology by the PCP, the referral would cover both urology and nephrology. An SCP verifying the referral may only see nephrology as the referral specialty, but the referral is valid for both urology and nephrology. The following table lists the specialty referral groupings:

REFERRED TO SPECIALTY	SPECIALTY GROUPINGS
Hematology (HE)	Referring to any one of these specialties will produce an auth applicable to all four specialties listed
Oncology (ON)	
Radiation medicine (RM)	
Palliative medicine (MP)	
Cardiology (CA)	Referring to any one of these specialties will produce an auth applicable to all six specialties listed
Cardiovascular medicine (CV)	
Cardiac surgery (SC)	

REFERRED TO SPECIALTY	SPECIALTY GROUPINGS
Thoracic surgery (ST)	
Vascular surgery (SV)	
Interventional cardiology (IC)	
Gastroenterology (GA)	Referring to any one of these specialties will produce an auth applicable to all three specialties listed
Colo-rectal surgery (SR)	
General surgery (SG)	
Otolaryngology (OL)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Allergy & immunology (AL)	
Ophthalmology (OP)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Optometry (OM)	
Pain management (AA)	Referring to any one of these specialties will produce an auth applicable to all three specialties listed
Anesthesiology (AN)	
Physical medicine & rehab (PM)	
Reproductive endocrinology (RE)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Genetic counseling (GC)	
Sleep medicine (MS)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Pulmonology (PU)	
Oral-maxillo facial surgery (SM)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Oral surgery (SL)	
Sports medicine (SS)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Orthopedic surgery (OR)	
Urology (UR)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Nephrology (NP)	
Neurology (NE)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Neurological surgery (SN)	

REFERRED TO SPECIALTY	SPECIALTY GROUPINGS
Hearing & speech (HS)	Referring to any one of these specialties will produce an auth applicable to both specialties listed
Audiology (AU)	

Coordination between PCP and SCP

The PCP is responsible for initiating, coordinating, and documenting referrals to the SCP. SCPs must coordinate with the PCP when members need a referral to another provider.

PCP should forward all relevant supporting medical documentation to the SCP. In accordance with all applicable laws pertaining to confidentiality, Examples of relevant supporting documentation may include:

- Dictated correspondence
- History and physical report
- Discharge summary report
- Office visit/progress notes
- Diagnostic reports
- Problem list/medication list

Conversely, in a timely manner and in accordance with all applicable laws pertaining to confidentiality, the referred-to SCP should provide written communication to the PCP summarizing the SCP's findings as a result of the evaluation, diagnostic studies or recommended treatment plan.

Standing referral

Members with a disease or condition that is life threatening, degenerative, or disabling may request a medical evaluation. If evaluation standards are met, a standing referral to a SCP for treatment of their disease or condition may be considered. If a member needs on-going care from a SCP, Geisinger Health Plan will authorize, if medically necessary, a standing referral to the SCP with clinical expertise in treating the member's disease or condition. In these cases, Geisinger Health Plan may limit the number of visits or the period during which such visits are authorized and may require the SCP to provide the PCP with regular updates on the specialty care provided, as well as all necessary medical information.

SCP as PCP

A member may qualify to select a SCP to act as PCP if she/he has a disease or condition that is life threatening, degenerative, or disabling. The SCP as a PCP must agree to provide or arrange for all primary care, consistent with Geisinger Health Plan preventive care guidelines, including routine preventive care, and to provide those specialty health care services consistent with the member's condition in accordance with Geisinger Health Plan's standards and within the scope of the specialty training and clinical expertise. In order to accommodate the full spectrum of care, the SCP as a PCP also must have admitting privileges at a hospital in Geisinger Health Plan's Network. SCP as PCP is responsible for initiating and coordinating

referrals of members for medically necessary services beyond the scope of their contract of practice.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: