

Referral and prior authorization procedures

At Fallon Health, we know how precious your time is. That's why we work hard to create simple solutions for you! The following three-step process is designed to help you save time and get through your paperwork faster.



1. Does the member need a referral or prior authorization for services?

Primary Care Providers (PCPs) should provide Fallon members with a referral to receive care from an in-network specialist if the patient requires services that are outside of the PCP's scope of practice.

Providers should request prior authorization for certain medical services, which are outlined on the back of this brochure. Coverage of these medical services is determined after Fallon reviews member eligibility, level of benefits and medical necessity.

2. If your patient requires specialty care and needs a referral ...

The following procedures should be followed:

1. The PCP refers the member to a specialist within the member's network for medically necessary care. The PCP's office should contact the specialist by telephone, fax or mail, and provide the PCP's name, NPI number, the reason for the referral and number of visits approved.
2. The specialist verifies the member's benefit and eligibility information through the Fallon online eligibility tool. Fallon offers online connections via Emdeon, NEHEN, Trizetto Provider Solutions, Relay Health (formerly known as McKesson) and Athena. This transaction tool is known as a 270/271 and makes the following information available:

- Member name, date of birth and member ID
- Plan name
- Copay amounts for PCP, specialist, inpatient and emergency services
- Number of visits for chiropractic visits (If requesting chiropractic benefit)
- Out-of-pocket maximum amounts and remaining amount
- Percentage of coinsurance coverage
- Deductible maximum amounts and remaining deductible amounts
- Member's PCP name if available in QNXT

Benefits of using the 270/271 include real-time electronic responses for providers requesting and receiving information. The member's eligibility may also be verified through a POS device or by contacting the Fallon Provider Relations Department at 1-886-275-3247, prompt #1, Monday through Friday from 8:30 a.m. to 5:00 p.m.

3. The referral should be documented in the member's medical records for both PCP and specialist. Fallon reserves the right to audit medical records to ensure that a specialty referral was obtained. Lack of proof of referral may result in claims retractions.

4. The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.
5. The specialist submits a claim to Fallon with evidence of a referral (e.g., the PCP NPI number) from the member's PCP. The following information should be entered on the CMS-1500 or electronic equivalent as evidence of the referral:

Box 17 – enter referring provider/PCP's name

Box 17b – enter referring provider/PCP's NPI number

Failure to include complete referral information on the claims will result in a denial.

6. PCP referrals will be accepted retroactively up to 120 days from the date of service. Should an initial claim be rejected for lack of a referral number (e.g., the PCP NPI number), the specialist has 120 days from the date of the Remittance Advice Summary to resubmit a corrected claim with the provider NPI number. Please note that claim adjustments can be accepted via paper or electronically.
7. If a member does not have a valid referral but visits a specialist for services that require a PCP referral, the specialist should contact the member's PCP to obtain a PCP referral. If the PCP does not approve the referral, the specialist should inform the member of his or her financial liability and ask the member to sign a waiver of liability.
8. If a specialist decides that a member needs a service that he or she cannot provide, the specialist must consult with the member's PCP, who will initiate a new referral to the appropriate specialist. Please note that all services with out-of-network, tertiary, non-contracted and/or Peace of Mind Program™ providers or facilities require a prior authorization. *Fallon's Peace of Mind Program is only available to members of Direct Care and The City of Worcester Advantage Direct Plan.*

Fallon commercial HMO and Fallon Senior Plan™ HMO members require referrals from their PCP to receive care from a specialist. POS (FlexCare Select) members have the option of receiving out-of-network care without a referral. PPO members do not need a referral for specialty services.

There are some specialty services that do not require a referral.

Fallon members may self-refer within their plan's network for the following:

- **OB/GYN visits**
 - Annual preventive gynecological visit
 - Medically necessary evaluations and treatment
 - Obstetrical visits
- **Mammogram**
- **Outpatient mental health/substance use disorder** (visits 1-8)
- **Oral surgery** (impacted teeth only)
- **Routine eye exams**

3. If your patient needs services that require a prior authorization ...

Please follow the procedures below:

1. The referring provider completes the required sections of the request for prior authorization form and faxes the form to Fallon Prior Authorization at 1-508-368-9700.
2. Fallon will send a determination to the PCP, requesting provider and member.

Prior authorizations are required—for all members—for the services listed below:

- All elective inpatient admissions
- All services with out-of-network, tertiary, non-contracted and/or Peace of Mind Program™ providers or facilities
- All unlisted CPT-4 and unspecified HCPCS codes
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- Genetic testing
- High-tech imaging
- Hospice
- Infertility/assisted reproductive technology
- Neuropsychological testing
- Non-emergent ambulance, except in the circumstance of transporting a member between facilities (such as acute hospital to SNF)
- Office-based procedures identified on the procedure codes list—available at fallonhealth.org/providers
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Sleep diagnostics and therapy
- Specified durable medical equipment, prosthetics and orthotics
- Transplant evaluation

Please see the **Pharmacy prior authorization procedures** flyer for pharmacy PA guidelines and submission process.

Please note: There are some services that require prior authorization, which may be impacted by product or provider policies. Please consult with your Provider Relations representative for specific details.

Prior authorization forms are available at fallonhealth.org/providers. Click on “Forms” in the “Quick links for providers” box.

1-866-275-3247
fallonhealth.org/providers

