

OptumCare Network of Arizona Referral Policy

Effective June 1, 2019

As of June 1, 2019, OptumCare Network of Arizona members will need a referral from their Primary Care Provider (PCP) to see a specialist, except for those specialties listed below.

Claims from specialists who provide services to OptumCare patients without a referral will be denied. The specialist may not bill members for these denied services.

When is a referral required?

Referrals help ensure that PCPs are aware of their patients' ongoing needs as part of managing their routine health and wellness.

- No referral is necessary for these specialties:
 - Behavioral health (Optum Behavioral Health)
 - Chiropractic, PT, OT, ST (Optum Physical Health)
 - Obstetrics and gynecology (OB/GYN)
 - Podiatry (PPMA)
 - Vision care providers (Superior Vision)
- Specialists who are not contracted require prior authorization.

How to complete a referral.

Our online portal makes it quick and easy. To see if a specialist is contracted with OptumCare Network of Arizona, or to complete a referral, please go to optumcare.com/provider-login.

Referrals to specialists will be auto-approved if completed on our web portal.

Prior authorization is required for any out-of-network services.

Please note that a specialist referral does not supersede the need for prior authorization for treatment or equipment. If you have completed a referral for services that require prior authorization, you will be notified if further information is required.

How long are patient referrals valid?

- Evaluation and treatment referrals are good for **six months** from the date of issue.
- At the end of the **six-month** period, a re-evaluation and new referral is required by the patient's PCP.

If you have any questions, please call the OptumCare Service Center at: **1-877-370-2845**.