AmeriHealth HMO/POS Referral Reference Guide for Ancillary Providers

ahhh AmeriHealth NEW JERSEY

This document represents a high-level summary of plan referral requirements. For more details, refer to your Provider Manual CD or our website, www.amerihealth.com, contact your ancillary coordinator, or call Provider Services at 1-800-275-2583.

Note: Paper referrals are no longer accepted for claims processing.

REFERRAL GUIDELINES BY PRODUCT TYPE

AmeriHealth product type (New Jersey only)	AmeriHealth® HMO	AmeriHealth® POS	AmeriHealth® HMO Plus	AmeriHealth® POS Plus	AmeriHealth® 65
Referral required for the following services (all non-emergency): • specialty • hospital services • physical therapy • radiology services ***except*** *those services that require preauthorization through American Imaging Management (AIM)**	✓	✓			✓
No referral required for the following direct access services: • emergency services • OB/GYN services including: - infertility - gynecologic oncology - reproductive endocrinology - mammogram • mental health care/substance abuse treatment • serious mental illness • biologically based mental illness	✓	✓	✓	✓	✓

IMPORTANT REFERRAL FACTS:

- Primary care physicians (PCPs) are to issue referrals to participating providers using Navinet® or the interactive voice response (IVR) system.
- Specialists should check Navinet or the IVR to ensure that a referral was received before service is rendered.
- For detailed information on Navinet services, go to www.amerihealth.com/providers/navinet.
- The IVR is available from 5 a.m. until 10 p.m., seven days a week. Call 1-800-275-2583. For detailed information, go to www.amerihealth.com/ivr.
- Referrals are valid for 90 days from date of issue. **To amend, backdate, or resubmit a referral, please submit a new referral via the IVR or Navinet.**
- Check member's ID card or enrollment/change form prior to issuing a referral or performing a service.
- Confirm member's eligibility and benefits through Navinet or the IVR.
- Members should be referred to their PCP's designated providers for laboratory, physical therapy, and radiology services.
- No referral is required for laboratory services if an HMO, POS, POS Plus, or HMO Plus member uses a PCP-designated participating lab.
- For AmeriHealth POS members, referrals are required if members are to receive the highest level of benefits.

* For most benefit plans, prior authorization is required through AIM for CT/CTA, MRI, MRA, nuclear cardiology studies, PET scans, PET/CT fusion scans. As such, no referral is required for AIM services for HMO/POS members. Please refer to the member's benefit plan for specific information regarding the member's benefits, referral and prior authorization requirements.

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AmeriHealth Insurance Company of New Jersey

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