

A Message to

Business Office Managers



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Memorandum

TO: AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: June 24, 2005

SUBJECT: REFERRAL REQUIREMENT CHANGES

The purpose of this bulletin is to inform you that our NaviNetSM and paper versions of the AmeriHealth HMO Encounter/Referral Form have been revised.

The prior Referral Form allowed the PCP to select from the following options: “**Initial Consult (no other services authorized),**” “**Evaluate and Follow-Up- Number of Visits,**” or “**Evaluate and Treat (one visit).**” These categories have been replaced with the following:

- “Evaluate and provide follow-up care as needed, **including outpatient and inpatient hospital care**, for up to 90 days from the date of this referral.”

Please note the following:

- The Referral Form completed by the PCP covers **both** the specialist’s services **and the hospital’s facility-based services** as long as the services billed by both parties relate to the specialty and are covered services.
- Current preapproval/precertification requirements **have not** changed. AmeriHealth will not pay for services requiring preapproval without the necessary preapproval.
- All existing capitation program requirements remain in place.

PCPs no longer have to indicate a number of authorized visits on the updated form. The performing provider can now determine the number of visits that are medically appropriate for the member during the 90-day period. However, provision and payment of services is subject to the member’s benefit limitations.

Please share this information with all areas within your hospital that may be impacted by this change.

If you have any questions about this bulletin, please contact your Hospital Services Coordinator or the Provider Relations Department at 856-778-6500.