4 Precertification and Referrals

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Precertification

Responsibility for Precertification or Notification

- Oxford participating providers and hospitals must notify Oxford at least 14 days prior to a patient's scheduled procedure; obstetrical admissions for normal delivery should be precertified as early as possible in the course of prenatal care, based on the expected date of delivery.

Providers can notify Oxford of such procedures online at www.oxfordhealth.com, through one of Oxford's EDI vendors, or by calling Oxford's Medical Management Department at 1-800-666-1353.

- Oxford participating providers and hospitals are responsible for contacting Oxford for all procedures requiring precertification; however, an active referral* must also be on file for services to be covered in-network, depending on the Member's benefits.

- If a participating PCP refers a Member to a non-participating provider because there are no participating providers able to perform the specific service in the area, then the PCP is responsible for obtaining precertification for an in-network exception on behalf of the Member by calling 1-800-666-1353.

- If a Member requests and receives a referral from his or her Oxford participating PCP to a non-participating provider upon the Member's request, then it would be the Member's responsibility to obtain all required precertifications by calling 1-800-444-6222 for commercial Members, and 1-800-234-1228 (TTY/TDD 1-800-201-4874) for Medicare Members.

- Oxford participating providers are responsible for notifying Oxford when there has been a change of treating physician, CPT codes or dates of service for the precertified service.

- Oxford Members are responsible for notifying Oxford of emergency hospital admissions to a non-participating hospital; Oxford participating physicians and contracted hospitals must notify Oxford of all Member emergency admissions upon admission or on the day of admission; however, if the physician/hospital is unable to determine on the day of admission that the patient is an Oxford Member, the physician/hospital will notify Oxford as soon as possible after discovering that the patient has coverage with Oxford.

- Oxford participating providers will be notified of all determinations involving New York commercial Members by phone and in writing; Oxford participating providers are responsible for calling the Member the same day that the provider receives notification to inform the Member of Oxford's determination.

- Oxford may require that your patient see a physician, selected by Oxford, for a second opinion; Oxford reserves the right to seek a second opinion for any surgical procedure; there is no formal list of procedures requiring second opinions; Members may also seek a second opinion when appropriate.* Not required when a Member is seeing their designated Oxford participating OB/GYN.

Using Non-participating Facilities

As a participating provider, you are required to utilize Oxford participating providers and facilities within the network (i.e., Freedom Network and Medicare) applicable to Member's plan. Oxford has implemented a compliance program to identify participating providers who regularly use providers and facilities that do not participate in Oxford's network, and will take the appropriate measures to enforce compliance.

If you contact Oxford for authorization to perform a non-emergency procedure at a non-participating facility on a Member who has out-of-network benefits, the procedure will be authorized as out-of-network.

- Additionally, Oxford may make the claim payment directly to the Member instead of to the non-participating facility; in such cases, the non-participating facility will be instructed to bill the Member for services rendered; the Member will then be responsible for making payment to the non-participating provider for the full amount of the check mailed to them by Oxford, in addition to any applicable copay, deductible, coinsurance or other cost share allowances, according to the Member's benefit plan.
This means that the reimbursement to the non-participating facility will be subject to the Member’s out-of-network deductible and coinsurance charges. Also, the non-participating facility's charges will be eligible for coverage only up to usual, customary and reasonable (UCR) charges and limitations.

Commercial Members will be responsible for paying their out-of-pocket cost as well as the difference between the UCR charges and the non-participating facility's billed charges. Oxford will notify you and the Member in writing of all out-of-network precertifications prior to the services being rendered.

If you contact Oxford for authorization to perform a non-emergency procedure at a non-participating facility on a Member who does not have out-of-network benefits (HMO and EPO plan Members), the services will be denied.

Please note: Exceptions may be considered upon request only when an Oxford Medical Director determines in advance that Oxford’s network does not have an appropriate network provider who can deliver the necessary care.

### Services Requiring Precertification

The appearance of an item on this list is not a guarantee of coverage. Precertification requirements and covered services may vary depending on the Member’s plan of coverage. Precertification and payment of covered services are subject to the terms, conditions and limitations of the Member’s contract or certificate, eligibility at time of service, and approval by Oxford’s Medical Management Department. This list may be changed by Oxford, and any changes will be communicated on www.oxfordhealth.com on the first business day of each month, as well as in Oxford’s quarterly Provider Program and Policy Update (PPU).

In addition, precertification requirements may differ by individual provider. If additional precertification requirements apply, the provider will be notified in advance of the precertification rules being applied.

### Inpatient and Outpatient Care

As a general rule, any service rendered in an inpatient facility or an outpatient facility requires precertification with Oxford. These settings include, but are not limited to, acute care centers, skilled nursing facilities, free standing ambulatory surgery centers, radiology centers, hospice centers, and rehabilitation centers. Exceptions to this rule include emergency room visits not resulting in an admission and urgent care delivered at a participating urgent care facility.

Emergency admissions do not require precertification, however Oxford must be notified within 24 to 48 hours of an admission.

Elective admissions require prior authorization at least 14 days prior to the date of admission for the following: acute care, skilled nursing, sub-acute care, and hospice care.

Transfer from one facility to another requires precertification prior to the transfer unless the transfer is due to a life-threatening medical emergency.

### Assistant Surgeons and Co-surgeons

Participating physicians are required to use Oxford participating physicians as assistant surgeons when an assistant surgeon is warranted. Precertification is required; you must use one of Oxford’s electronic solutions or call the Oxford Medical Management Department at 1-800-666-1353.

### Home Health Care*

Home care includes, but is not limited to, physical therapy, nursing visits and occupational therapy.

### Office-based Procedures

- Any surgical procedure, major diagnostic test and endoscopic procedure
- Treatment of TMD
- Therapeutic termination of pregnancy
- IV antibiotic therapy for Lyme
- Human skin equivalents and skin substitutes
- ECP for stable angina
Potential Cosmetic Procedures (including but not limited to)

- Repair of ptosis
- Bunionectomy
- Vein ligation and stripping
- Sclerotherapy
- Mammoplasty (male and female)
- Refractive eye surgery
- Rhinoplasty
- Destruction of cutaneous vascular proliferative lesions less than 10 sq. cm. for hemagiomas and port wine stains, birthmarks, strawberry nevus
- Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 10 sq. cm.
- Procedures for ablation of varicose veins
- Abdominoplasty

Other Services Requiring Precertification (all settings including in-office unless otherwise noted)

Complementary and Alternative Medicine

- Chiropractic services for commercial and Medicare Members* require precertification** as of the initial visit
  * Coverage is based on Member’s benefit.
  ** Precertification is not required for certain groups.

Behavioral Health/Substance Abuse

- Outpatient mental health; Members of gated plans need a referral from their PCP or through Oxford’s Behavioral Health Department (1-800-201-6991)
- Biofeedback
- Cognitive and neuropsychological testing
- Electroconvulsive therapy (initial visit only)
- Phototherapy for seasonal affective disorder
- Inpatient care

Dental Procedures

- Procedures to treat injury to sound natural teeth
- Procedures requiring inpatient/outpatient general anesthesia

DME/Prosthetics/Supplies/Implantables

- All DME for Medicare Members
- For commercial Members:
  - Insulin infusion pumps
  - DME and orthotics over $500
  - All custom orthotics and custom DME (regardless of cost)
  - All rentals, repairs and replacements, and implantables
  - Lymphedema pump therapy
  - Prosthetic devices
  - Nutritional therapy
  - Oxygen therapy, except in the office
  - Replacement wigs
  - Continuous passive motion device
  - Bone growth stimulators
  - Cochlear implants
Section 4 — Precertification and Referrals

- Pulse oximeters (excluding office)
- External (portable) infusion pumps
- Wearable cardioverter defibrillator
- Specialized beds and pressure reducing mattress, overlay
- Speech generating devices
- Wheelchairs, power operated vehicles, specialized strollers
- Home IVR for anticoagulation management
- High frequency chest compression (HFCC) device

Experimental and Investigational Therapies (including off-label therapies)
- Clinical trials for commercial Members

Pain Management
- All services

Radiology Procedures — Through CareCore National 1-877-PREAUTH (1-877-773-2884)
- CT scans
- MRI
- MRA
- PET scan
- Nuclear medicine studies
- Endoscopic/obstetrical ultrasounds

Rehabilitation Services
- Cardiac and pulmonary rehabilitation
- Occupational, physical and speech therapy for Medicare Members
- Occupational and physical therapy for commercial Members through OrthoNet at 1-800-201-4891 (referral is required for the initial evaluation)
- Speech therapy in the home for commercial Members
- Hyperbaric oxygen therapy

Surgical Procedures
- Gastric bypass surgery for obesity
- Autologous chondrocyte implantation

Transplantation
- Solid organ transplants
- Bone marrow/stem cell transplant

Transportation (land, air and water)
- Excluding emergency

Unlisted Codes
- Certain codes (please refer to the Policy section, under Unlisted codes on our website www.oxfordhealth.com for complete details) that are used to represent services for which there is no specific CPT code

Unproven or Ineffective Treatment
- For a list of unproven or ineffective treatment procedures, please log on to www.oxfordhealth.com

See Medications Requiring Precertification in this section for drugs, medications and injectables.

Contracted Hospital Notification of Admissions

Oxford contracted hospitals are required to notify Oxford of inpatient admissions. Oxford may deny some or all of an inpatient admission if the hospital fails to:

[Image of a computer screen with a blue tint]
Precertification and Referrals — Section 4

- Notify Oxford of the admissions
- Obtain precertification for all transfers from one facility to another prior to the transfer, unless the transfer is due to a life-threatening medical emergency
- Notify Oxford of any patient who changes level of care, including but not limited to NICU, ICU, etc.
- Obtain precertification for a non-emergency admission or an outpatient procedure for which precertification is required
- Provide records as reasonably requested by Oxford
- Cooperate with inpatient concurrent review

If Oxford denies part or all of an inpatient admission for one of the reasons noted above, the hospital will have 48 hours (72 hours for New Jersey hospitals) in which to submit a request to Medical Management for reconsideration of the denied days (excluding case rates). If during the reconsideration process, Oxford determines the previously denied days were medically necessary and appropriate, Oxford will pay the hospital for the covered services at the allowable rates.

Performing Services at Oxford Contracted Hospitals

- All participating providers are responsible for obtaining precertification from Oxford when hospital services (inpatient, outpatient or emergency admissions), out-of-network services and other specific services are to be delivered
- All services require precertification 14 days prior to the scheduled date of service, with the exception of emergency room service, or unless the need is defined as a medical emergency

Medications Requiring Notification/Precertification

Medications Requiring Notification for Commercial Members

Oxford has established programs to encourage medication therapy that is appropriate and economical for our Members.

For commercial Members with prescription drug coverage through Oxford, the medications on the following list (including generic equivalent, if available) generally require notification based on Oxford’s coverage criteria. Notification, also known as precertification, requires that you formally submit a request and receive approval for coverage of certain prescription medications.

If you have any questions regarding the medications on this list or any other medication, please call Pharmacy Customer Service at 1-800-905-0201.

Anti-Infectives
- Copegus
- Rebetol

Dermatologicals/Topical Therapy
- Avita¹
- Differin¹
- Elidel
- Protopic
- Raptiva
- Regranex
- Retin A¹
- Tazorac¹

Endocrine/Diabetes
- Exubera

Gastroenterology
- Aciphex
- Lotronex
- Nexium
- Prevacid
- Prilosec
- Protonix
- Zegerid
- Zelnorm
Immunology, Vaccines and Biotechnology
- Genotropin
- Humatrope
- Infergen
- Intron A
- Norditropin
- Nutropin
- Nutropin AQ
- Nutropin Depot
- PEG-Intron
- Pegasys
- Protropin
- Rebetron
- Roferon-A
- Saizen
- Serostim
- Tev-Tropin
- Zorbtive

Miscellaneous Agents
- Increlex
- IPLEX
- Nutritional Therapy

Musculoskeletal and Rheumatology
- Celebrex
- Enbrel
- Humira
- Kineret

Narcotics
- Actiq

Ophthalmology
- Restasis

Psychotherapeutic Agents
- Provigil
- Wellbutrin
- Wellbutrin SR
- Wellbutrin XL

Pulmonary Agents
- Revatio
- Tracleer
- Ventavis

Urologicals
- Avodart
- Caverject
- Cialis
- Edex
- Levitra
- Muse
- Proscar
- Viagra

1 Applies only to Members greater than 29 years old.
2 For coverage information, Members can call our Customer Service Department at the number on their Oxford ID card.
3 Applies only to Members 46 years of age or older.

Please note: Notification requirements may vary depending on the Member’s pharmacy benefit plan.

This list is subject to change without notice.
To obtain notification, please call 1-800-753-2851 [Mon. – Fri., 8 AM - 9 PM, Eastern Standard Time].
For the most up-to-date information for commercial Members, please call Pharmacy Customer Service at 1-800-905-0201.
Medications Requiring Precertification for MedicareComplete® and Evercare DH Members

Oxford and our pharmacy benefits manager, Prescription Solutions (Rx), have established programs to encourage drug therapy that is appropriate and economical for our Medicare Members. For most Medicare Members with pharmacy benefit coverage through SecureHorizons® | Oxford and Evercare, the medications on the following list (including their generic equivalent, if available) generally require precertification through Rx Solutions, based on our coverage criteria. Precertification, also known as prior authorization, requires that you formally submit a request to and receive approval from Rx Solutions in order for the Member to receive coverage for a prescription for certain medications.

If you have any questions regarding the medications on this list or any other medication for Medicare Members, please call Prescription Solutions at 1-800-711-4555.

- Actiq
- Accuneb
- Acetylcysteine
- Actimmune
- Airet
- Albuterol Sulfate
- Alimta
- Androderm
- Androgel
- Android
- Anzemet
- Apokyn
- Aralast
- Avastin
- Aranesp
- Avonex
- Betaseron
- Baygam
- Byetta
- Carimune Nanofiltered (1gm Injection, 3gm Injection, 6gm Injection)
- Cellcept
- Cellcept Intravenous
- Cerezyme
- Copaxone
- Cromolyn Sodium
- Cyclophosphamide
- Cyclosporine (Capsule, Injection, Solution)
- Cyclosporine Modified
- Duoneb
- Elaprase
- Emend
- Enbrel
- Engerix-B
- Engerix-B SDV
- Erbitux
- Exubera
- Flebogamma
- Forteo
- Gamastan S/D
- Gammagard
- Gammagard S/D
- Gammar-P I.V.
- Gengraf
- Immune Globulin
- Iveegam EN
Section 4 — Precertification and Referrals

- Genotropin
- Humatrope
- Humira
- Introna A
- Introna A w/Diluent
- Ipratropium Bromide
- Kineret
- Kytril
- Marinol
- Metaproterenol Sulfate
- Miacalcin
- Myfortic
- Neupogen
- Norditropin
- Nutropin AQ
- Octreotide Acetate
- Pegasys
- PEG-Intron
- PEG-Intron Redipen
- Polygam S/D
- Procrit
- Provigil
- Prograf
- Proleukin
- Pulmicort
- Ranexa
- Raptiva
- Rapamune
- Rebetol (solution)
- Recombivax HB
- Regranex
- Revatio
- Rebiif
- Rebiif Titration Pack
- Revlimid
- Ribasarpe
- Ribatab
- Ribavirin
- Rituxan
- Roferon-A
- Remicade
- Saizen
- Sandostatin LAR Depot
- Somavert
- Sporanox solution
- Striant
- Symlin
- Testim
- Thalomid
- Tracleer
- Vancocin HCI
- Venoglobulin-S
- Vfend
- Topamax
- Xolair
- Xopenex
- Zelnorm
- Zofran ODT
- Zofran tablet
- Zyvox

This list is subject to change without notice.

To obtain precertification or for the most up-to-date information, please call Prescription Solutions at 1-800-711-4555 for Medicare Members.
Drugs, Medications and Injectables that Require Precertification Through Oxford’s Medical Management for Commercial Members

- Aldurazyme
- Alimta**
- Amevive
- Avastin**
- Baclofen
- Bexxar**
- Botox
- Ceredase and Cerezyme
- Chelation therapy
- Darbepoetin (Aranesp)
- Eloxatin**
- Erbitux**
- Erythropoetin (EPO, Epoetin Alfa, Epogen, Procrit)
- Euflexxa
- Fabrazyme
- GnRh agonists
- Growth hormone replacement therapy/bone stimulation products*
- Herceptin
- Hyalgan, Hyaluraonate, Synvisc, and Supartz (Precertification is not required in the office setting)
- Intrathecal Baclofen (ITB) used in treatment of spasticity
- Increlex and IPLEX
- IVIG (except Rhogam)
- Low molecular weight Heparin (Precertification required after initial seven (7) days)
- Lupron Pediatric
- Lyme Disease IV therapy
- Natrecor
- Novantrone
- Nutritional therapy
- Prolastin (Precertification is not required in the office setting)
- Raptiva
- Remicade (Precertification is not required in the office setting)
- Rituxan**
- Somavert
- Synagis and Respigam
- Velcade**
- Visudyne
- Xolair
- Zavesca
- Zevalin

* Except Serostim which is precertified through pharmacy.
** For Members with a diagnosis listed in this policy, providers and Members may choose to have the drug reviewed for medical necessity either pre-service or when the claim is submitted. If an eligible Member has a diagnosis listed in this policy, and the claim for the drug is submitted with an ICD-9 code reflecting that diagnosis, the claim will be reimbursed in accordance with the Members’ health benefits plan, whether or not precertification was requested. For uses of this drug for diagnoses not listed in this policy, all requests for coverage must be precertified and will be reviewed by a Medical Director, using criteria outlined under Oxford’s Experimental/Investigational and Clinical Trials policies. If precertification is not requested, the claim will be reviewed for medical necessity by a Medical Director at the time of submission, and coverage will be either approved or denied based on the Medical Director’s review.

Any changes to this list will be communicated the first business day of every month on Oxford’s web site www.oxfordhealth.com.

This list of drugs requires precertification through Oxford’s Medical Management at 1-800-666-1353.
Section 4 — Precertification and Referrals

How to Submit Precertification Requests

Providers can submit electronic precertification requests through Oxford’s web site at www.oxfordhealth.com or through one of Oxford’s EDI vendors. Submitting precertification requests through Oxford’s web site provides convenience and flexibility, as the services are available 24 hours a day. Many procedures are approved on a real-time basis. More complex procedures are captured and held over for follow-up within one business day.

Electronic Precertification Exclusions

The following requests must be taken directly to Oxford’s Medical Management at 1-800-666-1353 or the appropriate delegated vendor for precertification:

- Any service for which review is delegated in whole or in part to a vendor, including CareCore National (formerly NYMI), OrthoNet, Medco, Montefiore/CMO, and Rx Solutions
- Services performed on an urgent basis (within the next 24 hours) or precertification requested on a retroactive basis
- Requests relating to a clinical trial, experimental treatment, new technology, or a therapeutic abortion

www.oxfordhealth.com

To obtain access to submit a precertification request, log in to www.oxfordhealth.com or call Oxford’s Team.com at 1-800-811-0881.

Log in by entering your user name and password. Once in the Provider “My Account”, go to Submit then click on Precert Requests and enter all required data.

Required Information

The following data is required when submitting a precertification request:

- Patient’s Oxford Member ID number and date of birth
- Primary procedure code
- Quantity/visits requested
- Service date
- Principal diagnosis code
- Oxford facility ID (required if services are not performed in the office or homecare setting)
- Contact name and phone number, click enter to initiate your request

EDI Solutions

For your commercial and Medicare Members: If you already have an Emdeon™ (formerly WebMD®) point-of-service terminal, you can submit your precertification requests electronically through this EDI vendor.

By Telephone

For non-urgent precertification requests, please call accordingly:

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Management Department</td>
<td>1-800-666-1353</td>
</tr>
<tr>
<td>Behavioral Health Department</td>
<td>1-800-201-6991</td>
</tr>
<tr>
<td>Imaging — CareCore National</td>
<td>1-877-773-2884</td>
</tr>
<tr>
<td>Pharmacy requests</td>
<td></td>
</tr>
<tr>
<td>(commercial Members)</td>
<td>1-800-753-2851</td>
</tr>
<tr>
<td>Pharmacy — Prescription Solutions (Medicare Members)</td>
<td>1-800-711-4555</td>
</tr>
</tbody>
</table>

Precertification Inquiry Online

You can also use our web site to view the status of current and previous precertification requests by using the precertification inquiry tool. This feature, available to all provider types, allows for better tracking of requests, as well as confirmation of approved services. You can check your precertification requests via www.oxfordhealth.com, Oxford Express® (Oxford’s automated phone system) or through one of Oxford’s EDI vendors.

To check the status of a precertification request, you will need the following:

- Member’s Oxford ID or Social Security number
- Reference number associated with the precertification request
You can view requests by:
• Last five requests on file
• Date of service [data retrieved will reflect plus or minus seven [7] days]

Precertification-and-Referrals — Section 4

Precertification-by-Fax Program
Oxford instituted a precertification-by-fax program to alleviate the need for telephone transactions to obtain precertification or provide notification of admission.

In order for this program to be successful, we need you to use the forms [located in this section] when submitting precertifications and notification of admissions. These forms will allow Oxford to review all requests in an expeditious manner, and provide timely service to all our providers. Oxford will only accept those faxes received on the appropriate forms.

Hospital Notification-by-Fax Form
Please use this form to:
• Report an emergency admission

Precertification-by-Fax Form
Physicians — Please use this form to:
• Precertify services being performed in the future
• Update an existing precertification request

Facilities — Please use this form to:
• Precertify services being performed in the future when a precertification request not already on file

Please note: We recommend that providers perform a precertification inquiry first to determine if there is already a precertification on file.

Precertification-by-Fax Form for Non-Emergency Maternity Admissions:
Physicians — Please use this form to:
• Precertify maternity services being performed in the future
• Update an existing maternity precertification request

Precertification Fax Numbers
Please use the appropriate number to fax non-urgent precertification requests:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care and specialty providers</td>
<td>1-800-303-9902</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1-800-699-4712</td>
</tr>
<tr>
<td>Behavioral health providers</td>
<td>1-800-760-4041</td>
</tr>
<tr>
<td>Complementary and alternative medicine providers</td>
<td>1-800-201-7025</td>
</tr>
<tr>
<td>Physical and occupational therapy providers</td>
<td>1-800-216-0810</td>
</tr>
</tbody>
</table>

Please note: The precertification-by-fax program should not be used for precertification inquiry. To obtain information about a precertification request, providers can use Oxford’s web site or Oxford Express®, Oxford’s automated phone system.
Requesting Hospital Name: ________________________________ Oxford ID#: ________________________________

Contact Name: ___________________ Telephone #: (____)_________ Return Fax #: (____)_________

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Oxford ID#/SS#</th>
<th>Admission Type</th>
<th>Diagnosis</th>
<th>Admit Date</th>
<th>Attending</th>
<th>Reference#</th>
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</tbody>
</table>

- This request is subject to review and does NOT represent authorization for payment of medical services.
- All payments for approved procedures are subject to Oxford Health Plans claims payment policies and Member eligibility at the time service is rendered.
- You will receive a determination by telephone or facsimile within three (3) business days.
• This request is subject to review and does NOT represent authorization for payment of medical services.
• All payments for approved procedures are subject to Oxford Health Plans claims payment policies and Member eligibility at the time service is rendered.
• You will receive a determination by telephone or facsimile within three (3) business days.
• If Oxford denies precertification, Oxford must notify the provider and the Member by telephone and in writing within three (3) business days of receiving all necessary information.

Return Information
Oxford will return certification/non-certification to:
Requesting Physician Name: ___________________________ Oxford ID#: ___________________________
Contact Name: _______________ Telephone #: (_____) ________ Fax #: (_____) ____________
IMPORTANT: Check here if admission has already occurred: ☐ Today’s Date: ________________

Patient Information
Member Name: _______________________________ Oxford ID#: ________ Telephone #: (___) __________
Social Security Number: ___________________________________________________________________
Member’s Primary Insurance Carrier: __________________________________________________________

Provider Information
Referring Physician: ___________________________ Oxford ID#: ________ Telephone #: (___) ________
Hospital Name: _______________________________ Oxford ID#: ________ Telephone #: (___) ________
Hospital Location: _____________________________
Attending Physician: ___________________________ Oxford ID#: ________ Telephone #: (___) ________
Assisting Surgeon: _____________________________ Oxford ID#: ________ Telephone #: (___) ________

Diagnostic Information
Admission Type: (please check one) ☐ Inpatient ☐ Outpatient ☐ Urgent ☐ Direct ☐ Elective
Estimated Date of Service: _____________________________

ICD9/Diagnosis CPT4/Procedure
Primary Diagnosis: _____________________________

Procedure Codes: _____________________________
Comments: (include relevant clinical information)

FOR Oxford Health Plans USE ONLY
Request Status: ☐ Certified ☐ Non-Certified ☐ Suspended for Additional Information ☐ Member Terminated
Reference #: __________________ Date of Response: __________________
Section 4 — Precertification and Referrals

Oxford Health Plans®

Precertification-by-Fax
For Non-Emergency Maternity Admissions
1-800-303-9902

• This request is subject to review and does NOT represent authorization for payment of medical services.
• All payments for approved procedures are subject to Oxford Health Plans claims payment policies and Member eligibility at the time service is rendered.
• You will receive a determination by telephone or facsimile within three (3) business days.
• If Oxford denies precertification, Oxford must notify the provider and the Member by telephone and in writing within three (3) business days of receiving all necessary information.

Return Information
Oxford will return certification/non-certification to:
Requesting Physician Name: ___________________________ Oxford ID#: ____________
Contact Name: ____________________ Telephone #: (____) ______ Fax #: (____) _______

IMPORTANT: Check here if admission has already occurred: ☐ Today’s Date: _______________

Patient Information
Member Name: ___________________________ Oxford ID#: ___________ Telephone #: (____) _______
Social Security Number: _______________________________________________________________
Member’s Primary Insurance Carrier: _________________________________________________

Provider Information
Obstetrician/Gynecologist: ___________________________________________________________
Oxford Provider ID#: ___________________________ Telephone #: _______________________
Hospital Name: ___________________________________________________________________
Hospital Oxford ID#: ___________________________ Telephone #: _______________________
Hospital Location: (city, state): _______________________________________________________

Diagnostic Information
Estimated Due Date: __________ CPT Code: Normal Vaginal Delivery ______ C-Section ______

History of:
Cervical Incompetence ☐ Yes ☐ No ICD9 _______
Pregnancy-Induced Hypertension ☐ Yes ☐ No ICD9 _______
Preterm Labor ☐ Yes ☐ No ICD9 _______
Gestational Diabetes ☐ Yes ☐ No ICD9 _______

Does Patient Have:
Diabetes ☐ Yes ☐ No ICD9 _______
Chronic Hypertension ☐ Yes ☐ No ICD9 _______
Multiple Gestation ☐ Yes (specify number) ______ ICD9 _______

FOR Oxford Health Plans USE ONLY
Request Status: ☐ Certified ☐ Non-Certified ☐ Suspended for Additional Information
Reference #: _______________ Date of Response: _______________

www.oxfordhealth.com
Referrals (Gated Plans Only)

When an Oxford Member needs medical care that the PCP cannot generally provide within the scope of his or her practice, an Oxford referral can be generated. Our provider contracts require referrals to be issued to participating providers (within the Member’s network) except in cases of emergency or when no Oxford provider can treat the Member’s condition. Referrals to non-participating providers must be approved by Oxford’s Medical Management prior to the services being rendered. If the Member requests to see a specialist and is unable to reach their PCP or OB/GYN (after hours, weekends or holidays), the PCP may issue a referral up to 72 hours after services have been received.

Electronic referrals to participating providers can be submitted online at www.oxfordhealth.com, through Oxford Express® (our automated telephone system) or through one of Oxford’s EDI vendors.

Locating a Participating Specialist

To locate a participating specialist, consult the Oxford Roster of Participating Physicians and Providers for the relevant state or Oxford product, or go to www.oxfordhealth.com and click on Doctor Search.

If you do not have a roster or web access, call 1-800-666-1353 to request a copy of the roster or to locate a specialist. PCPs who have also contracted with Oxford as specialists may provide specialty care services to their Oxford patients on an in-network basis, according to Oxford policies. Other PCPs may also refer their Oxford patients to a PCP/specialist.

For further instructions, please call Oxford's Provider Services Department at 1-800-666-1353.

Services Obtained Out-of-network

Participating providers cannot generate an Oxford electronic referral to a provider who does not participate in the Member’s selected network. The Member’s network can be found by checking the Member’s eligibility online at www.oxfordhealth.com. It is also noted on the Member’s Oxford ID card. However, if a Member prefers not to use a provider affiliated with his or her applicable network, the Member may utilize his or her out-of-network coverage (if applicable) without a referral. Claims for non-emergent and non-urgent care from non-participating providers received by Members without out-of-network coverage will be denied.
Referral Policies and Guidelines

An Oxford referral should only be made when, in your professional opinion, you believe it is medically appropriate and necessary. If you have never seen the patient before, you have the right to ask the patient to come in for an examination and diagnosis before issuing an Oxford referral. However, if you do not examine the patient on the day you issue a referral, you may not charge for any evaluation and management service at that time. Please keep in mind that an Oxford referral is not necessarily the same as a referral that would trigger a consultation (versus new patient) evaluation and management service for several reasons. One such reason is that an Oxford referral may involve transfer of care of the specific condition to the specialist, as opposed to a request for an opinion. Please use the following guidelines when making any referral:

- Oxford referrals are required for all in-plan specialist services, except for laboratory services performed at Lab Corp Network Laboratories, which require a physician script form.
- Referrals must be submitted electronically to Oxford for all Oxford Members except those Members who have “No Referral Required” printed on their Oxford ID card.
- An Oxford referral should not be issued for services already provided; in cases where the Oxford participating physician is administratively unable to submit a referral prior to services being rendered, Oxford will allow referrals to be generated up to 72 hours after the services were rendered; Oxford reserves the right to monitor retroactive referral generation and compliance with this policy.
- Oxford referrals are valid for the number of visits authorized; the maximum number of visits for which a referral can be generated is 30 visits; if the number of visits is not specified, the referral is valid for one visit only; when a physician indicates both a time limit and a number of visits, the referral defaults to whichever comes first, except for physical and occupational therapy and chiropractic services which are valid only for a specific number of visits.

See section 6 on Ancillary Services for more details on these specialties.

- If further visits are needed or if the Oxford referral expires before the number of visits on the referral have been provided, a new referral must be issued by the PCP.
- Referrals must be issued for providers within the Member’s network (e.g., a Liberty Plan Member must be referred to a Liberty Network specialty provider).

Please note: SecureHorizons® | Oxford and Evercare DH Members in New York and New Jersey are not required to obtain a referral for covered services rendered by participating Oxford Medicare providers. Connecticut Members still need to obtain a referral to obtain covered services from participating Oxford Medicare providers.

- For Medicare Members whose care is with a delegated Medicare vendor (e.g., Montefiore), providers must submit referrals to the applicable vendor who is specifically delegated to these Medicare Members if required.
- Commercial Members enrolled in a Pennsylvania-based plan, as well as New Jersey, New York and Connecticut Members who choose a Pennsylvania PCP, do not require referrals; commercial Members enrolled in a Delaware-based plan do not require a referral.
- Oxford participating nephrologists, oncologists and infectious disease (HIV) specialists can submit referrals for all in-network specialist care; precertification guidelines still apply to covered services that require precertification.
• Any Oxford participating specialist can submit referrals for any adult or pediatric diagnostic procedure; any such referral must be to a participating provider.

• An Oxford participating adult or pediatric general surgeon, gynecological oncologist, hematologist-oncologist, oncologist pain management specialist, neurologist, orthopedist, physiatrist, neurosurgeon, or rheumatologist can submit a referral for any diagnostic procedure, as well as therapeutic services such as physical and occupational therapy (for commercial Members); precertification guidelines still apply for those covered services that require precertification, any such referral must be to a participating provider.

See Exceptions to Referral Requirements this section.

• Oxford’s Behavioral Health Department can issue an Oxford referral directly to the Member if he or she is uncomfortable approaching his/her PCP for a referral to a behavioral health specialist (precertification may be required for Member’s with non-gated plans).

If a service requires a referral, and you perform the service without an electronic referral on file with Oxford, the following rules will apply:

<table>
<thead>
<tr>
<th>If the Member is in this type of plan...</th>
<th>...and you treat them without a referral...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Gatekeeper plan with no out-of-network benefits (HMO only)</td>
<td>Services would not be eligible for coverage</td>
</tr>
<tr>
<td>Commercial Gatekeeper plan with out-of-network benefits (i.e., POS), Oxford pays contracted rates</td>
<td>Services would be eligible for out-of-network coverage less Member out-of-pocket cost</td>
</tr>
<tr>
<td>Commercial Non-gatekeeper plan with or without out-of-network benefits</td>
<td>Services would be eligible for in-network coverage</td>
</tr>
<tr>
<td>All MedicareComplete® plan, including Group Retiree Plans with no out-of-network benefits (HMO only), except Connecticut MedicareComplete® plans</td>
<td>Services would be eligible for in-network coverage</td>
</tr>
<tr>
<td>Connecticut MedicareComplete plans (HMO only) — this is a non-gatekeeper plan</td>
<td>Services would not be eligible for in-network coverage</td>
</tr>
</tbody>
</table>

Members of non-gated plans (PPO, Access and Select plans) can self refer to participating physicians and receive in-network coverage. A referral from a participating provider is not necessary. Members with non-gated plans have “No Referral Required” printed on their Oxford ID cards. If the Member wishes to stay in-network, it is their responsibility to make certain the provider they are using is participating with Oxford.

Please note: An Oxford referral does not guarantee that Oxford will cover the services provided by the Oxford participating specialist. If a Member in a gated plan does not obtain a referral from their PCP or specialist and seeks specialty care on their own, the Member will be responsible for reimbursing the physician their applicable out-of-pocket cost.
Precertification and Referrals — Section 4

Payment for covered services is subject to:

- Medical necessity, as determined by Oxford's medical policies, subject to applicable law
- Member eligibility on the date[s] of service
- Member benefits as defined in the conditions, terms and limitations of the Member’s Summary of Benefits and Certificate of Coverage/Evidence of Coverage
- Submission of appropriate CPT diagnosis codes for the services rendered
- Other legal requirements for the provision of the services (i.e., licensure, etc.)

Exceptions to Referral Requirements

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Does not require a referral for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating PCP visit OB/GYN visit</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Emergency care</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Ambulance services in medical emergencies</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Pneumococcal vaccine administered in any setting* (including non-participating Oxford providers)</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Participating radiology provider, precertification required for most services</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Covering providers (as long as they identify themselves as covering on the claim or have the same FTIN**)</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Certain diabetic supplies as provided by our policy [See <a href="http://www.oxfordhealth.com">www.oxfordhealth.com</a>]</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Complementary and alternative medicine, if the Member has an alternative medicine benefit</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Laboratory and pathology services performed at a participating Lab Corp Network Lab; a lab slip or physician's order can be used instead of a referral</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Durable medical equipment [DME]† under $500 and not custom molded, and certain medical supplies</td>
<td>Commercial Members</td>
</tr>
<tr>
<td>Post-cataract glasses, including non-participating providers</td>
<td>Medicare Members</td>
</tr>
</tbody>
</table>
Exceptions to Referral Requirements (continued)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Does not require a referral for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced routine podiatry by a participating Oxford Medicare provider, if the Member has the enhanced routine podiatry benefit</td>
<td>Medicare Members</td>
</tr>
<tr>
<td>Standard hearing aid benefit provided by a non-participating provider, not including hearing evaluation</td>
<td>Medicare Members</td>
</tr>
<tr>
<td>Routine vision care services</td>
<td>Medicare Members</td>
</tr>
<tr>
<td>Out-of-area hemodialysis</td>
<td>Medicare Members</td>
</tr>
<tr>
<td>One nutrition wellness visit (for those Oxford Medicare Members with the benefit) to an Oxford participating registered dietitian every 12 months</td>
<td>Medicare Members</td>
</tr>
<tr>
<td>Services rendered by a physician extender who is employed by, or works under supervision of, the Member's PCP and/or OB/GYN</td>
<td>Medicare and Commercial Members</td>
</tr>
<tr>
<td>Commercial Members with Pennsylvania-based plans and New Jersey, New York or Connecticut Members who choose a Pennsylvania primary care physician</td>
<td>Commercial Members</td>
</tr>
<tr>
<td>Delaware-based plans do not require a referral, but for Delaware Standard Indemnity plan and Basic Indemnity plan, deductibles and coinsurance apply</td>
<td>Commercial Members</td>
</tr>
</tbody>
</table>

* Excludes administering in the home
** Federal Tax Identification Number
† DME for commercial Members will accept in place of a referral either of the following: prescription or provider’s medical necessity.

Referral Process

**Issuing an Electronic Referral**

A PCP, OB/GYN or Oxford On-Call® nurse can issue a referral to a participating specialist online at www.oxfordhealth.com. Referrals can be entered through Oxford Express® at 1-800-666-1353, or using one of Oxford’s EDI vendors. Once the referral is entered, the referring provider will receive a reference number that should be given to the Member. The reference number indicates that the Member is eligible and the referral has been completed correctly.

**Specialist and Outpatient Hospital Services Referrals**

Once the PCP submits the referral electronically, it will be on file with Oxford. If the electronic Oxford referral is generated through a Emdeon™ point-of-service terminal, it will print out a receipt, similar to a credit card receipt, which serves as confirmation that the referral is on file with Oxford. This receipt can be given to the patient to bring with him or her to the specialist or the referred-to-provider. A provider can also confirm the electronic referral online at www.oxfordhealth.com, through Oxford Express,
or using one of Oxford’s EDI vendors. In addition, Oxford has introduced the automatic referral notification feature. Upon submission of an electronic referral (whether submitted via Oxford Express®, www.oxfordhealth.com or an EDI vendor), a fax will be sent to the referred-to-provider usually within 24 hours of the referral being submitted. This fax serves as a confirmation notice of the referral. Providers have the option to update their dedicated Referral Fax Number or decline the auto-fax notification feature on Oxford’s web site under the Your Account section or via Oxford Express through a Referral Inquiry or Submission transaction.

**Referral Verification**

All referrals that have been entered into our system will be available for inquiry by hospitals and physicians; this includes those submitted electronically and those initiated by Oxford On-Call®. Providers can inquire about referrals by using Oxford Express, our automated telephone system at 1-800-666-1353. (Once you are in Oxford Express, select option 2 for verification). You may also go to Oxford’s web site at www.oxfordhealth.com or use one of Oxford’s EDI vendors. You can also call the Provider Services Department at 1-800-666-1353 and speak with a Service Associate.

**Submitting Electronic Referrals**

**www.oxfordhealth.com**

To submit referrals for commercial and Medicare Members, log in to Oxford’s web site and select Referrals under the Submit option on your provider home page.

You will need to enter the following:

- Patient identification information
- Servicing provider information
- Number of visits
- Effective date of the referral

To obtain a password, simply log on to www.oxfordhealth.com and click on Sign-up under Access Your Online Account Today. Choose either Healthcare Providers or Healthcare Facilities as appropriate to set up your account.

**Oxford Express®**

You must have an access code to submit referrals through Oxford Express. To submit a referral, call 1-800-666-1353, select your provider type, and then option 1 for automated service and option 4 to generate a referral. A referral can be generated simply by following the prompts and entering the Member’s Oxford ID number, the referred-to provider’s Oxford ID number, the number of visits, and the effective date of the referral.

**How to Obtain an Access Code or Password**

If your office does not have an access code, you can easily request one through Oxford Express. After you finish entering and verifying your provider ID number, press the pound sign (#) when asked for your Oxford access code. Press 1 if you are representing a physician or press 2 if you are representing an Oxford hospital or ancillary facility. Physicians please enter your Social Security number and your date of birth (MM/DD/YYYY). You will then be asked to enter a four- to six-digit access code of your choice and to confirm the code by re-entering it a second time. Your Oxford access code will be generated immediately if the information that you entered matches Oxford’s system. Please record your access code for future use.

Hospitals and ancillary facilities will be transferred to a representative who will ask for contact information, including facility name, facility Oxford ID, contact name, and phone number. Oxford will call back within five (5) business days to set up your access number.

**If you need instructions on how to submit your referrals to Oxford electronically, please contact Oxford’s Provider eSolutions Team at 1-800-599-4334.**