

UCLA Health Ambulatory Practices Revenue Policy and Procedure

Policy Name: Authorization/Referral Policy		
Policy #: 014	Developed Date: April 2014	Approved Date:
Approved By:	Revision Date: 03/2016	Revised By:

I. Purpose

To ensure that all referrals and authorizations are obtained, entered, attached and tracked in an appropriate manner within CareConnect.

II. Policy

To uphold patient satisfaction and timely claim submission to insurance companies:

- Referrals must be entered within one business day of request
- Referral Work queue must be reviewed on a daily basis
- Authorizations are to be obtained in advance of the scheduled exam, specialty service, or procedure
 - If authorization is not approved (or is denied) before the scheduled service, patients must be informed, they may be financially responsible for some or all of the services rendered
- Patients will be informed of both referral status and authorization status in a timely manner

III. Definitions

Authorization = A decision by a health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary

Referral = A written order from a provider for a patient to see a specialist or receive certain medical services/devices

014 Authorization/Referral Policy Standard Operating Procedure

Procedure

A. The ordering physician office or service provider is required to:

1. Enter the referral in CareConnect
2. Ensure that the authorization is obtained per protocol or standard operating procedure
3. While obtaining the authorization, the staff member obtaining the authorization will keep patient informed on both the referral and authorization status
4. When scheduling the appointment, the office will confirm referral and authorization status
 - Attach authorization to encounter, if a specialty referral
5. The service provider and/or staff (referred specialist) is required to monitor the referral work queue within 48 hours to ensure proper referral processing
6. If authorization is not received, the patient may be seen, but must be informed of possible financial responsibility
7. If services are not authorized, offer to reschedule the visit, or have the patient complete the Non-Covered Services form

Note: Verify the authorization for correct dates of service and location