

Specialist Referral and Network

Frequently Asked Questions

What is the role of my primary care provider?

Your primary care provider (PCP) will be your key to fully using your coverage. Covered health services must be provided by an in-network PCP. Your PCP oversees your care, guides you along the best care path and manages referrals to network specialists.

To ensure you can fully use your coverage, you and everyone covered by your plan are matched with a quality in-network PCP. You can change your PCP once per month through your online account or by calling Member Services. These changes are effective the first of the month.

What is a referral?

A referral is a PCP's recommendation that specific care be provided to you by another provider. For services to be covered, a network PCP must submit a referral to us before you see most other providers. Be sure to always check with a PCP before seeking care from other providers.

When do I need a referral?

In order to see a provider other than a PCP, you will need a referral. **Without a referral, you may be responsible for the full cost of the service.** Please make sure a PCP sends us a referral before you make an appointment with a specialist.

For example, you need a referral from a PCP before visiting a cardiologist, ophthalmologist or surgeon, among other specialists.

Which services do not require a referral?

As long as the providers are in your plan's network and service area, there are a few exceptions that do **not** require a referral:

- Any services from network OB/GYN specialists, nurse practitioners, nurse midwives and physician assistants
- Routine refractive eye exam from a network provider
- Services provided by network optometrists
- Mental health/substance use disorder services with network behavioral health clinicians
- Admitting physician services for emergency/unscheduled admissions
- Services rendered in any emergency room, network urgent care center, network convenience care clinic or designated network online "virtual clinic visits"
- Chiropractic services
- Other network services for which applicable laws do not require a referral. Referral requirements may vary by state. Please reference your medical policy for details.

Who is responsible for submitting a referral?

A network PCP is the only type of care provider who may submit referrals. If your PCP doesn't submit a referral before you make a specialist appointment, you will not be covered and may be responsible for the full cost of the service.

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How many visits are included with each referral to a specialist?

The PCP will determine the number of visits. Each referral may include up to 6 visits. Unused visits expire 6 months from the referral start date. After the 6 visits are used or expire, the PCP may submit another referral to the network specialist.

For members with certain chronic conditions listed below, standing referrals can be submitted by the PCP for an increased number of visits.

- Allergy rhinitis
- AIDS/HIV
- Amyotrophic lateral sclerosis (ALS)
- Anemia
- Cancer
- Cystic fibrosis
- Epileptic seizure
- Fracture care
- Glaucoma
- Myasthenia gravis
- Multiple sclerosis
- Parkinson's disease
- Renal failure (acute)
- Seizure
- Thrombotic microangiopathy

Is a new referral needed if I need to see another specialist, return for additional visits after the referral has expired or all visits have been used?

Yes. In each case, your PCP must be contacted by you or the referred network specialist to consider an additional referral.

Can my referrals be viewed online?

Yes, you may securely view your processed referrals by visiting the home page of your online account at myuhc.com/exchange.

Does the provider I am referred to also need to be in-network?

Yes. For non-emergent services, doctors in the UnitedHealthcare network must refer you to other network providers. If your doctor refers you to an out-of-network provider, please ask them to refer you to a network provider instead.

How do I find a network provider?

You can find a network provider by visiting myuhc.com/exchange and selecting Find Care. You can also call the Member Services number on your health plan ID card. We're happy to find a network provider that fits your needs.

What if I need care when traveling?

Virtual care is available 24/7 by phone or from your computer for both primary and urgent care. Emergency situations are also covered by your plan, even when you are visiting another state.

What happens if I go to an out-of-network provider?

You may have to pay the full cost of services from an out-of-network provider. Remember, the best way to save on your out-of-pocket costs is to use network providers.

Who should I contact if I have additional questions?

If you have further questions about your benefits, referrals or how to find in-network care, we can help. Just call the number on the back of your health plan ID card from 8 a.m. to 8 p.m. local time for assistance. (October–March: available 7 days a week, April–September: available Monday–Friday).

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