7.1 The Role of the Specialty Care Physician

Specialty care physicians provide non-primary care services to patients upon referral from their PCP. The specialty care physician must coordinate care through the PCP and obtain necessary precertification for hospital admissions or specified diagnostic testing and procedures. If a specialty care physician is scheduled to perform a procedure on a Horizon NJ Health member and, due to some unforeseen circumstance, is unable to perform the procedure, the specialty care physician must make reasonable efforts to find another Horizon NJ Health participating specialty care physician to conduct the procedure.

Depending on the type of referral received from the PCP, the specialty care physician may be asked to only consult and communicate with the PCP or consult and treat.

A specialist acting as the PCP for a member with special needs has the responsibility for overall health coordination and assurance that the member receives all necessary specialty care and for providing or arranging all routine preventive care and health maintenance services, which may not customarily be provided by or be the responsibility of such a specialist. A request for a specialist to act as a PCP should be made through Horizon NJ Health’s Utilization Management department at 1-800-682-9094.

For members with special needs who are chronically ill or have complex health care needs, their traditional PCP will have the responsibility of providing primary care services and for overall coordination of care, including specialty care. However, Horizon NJ Health care coordinators will assist the member and PCP to assure liberal, direct specialty access to a specific specialist for the purpose of meeting the specific specialty service needs.

It is important for the specialty care physician to communicate regularly with the PCP regarding any specialty treatment. The specialist treating members with special needs, in conjunction with the PCP, must develop a team approach to care management.

Except for ER visits, routine OB-GYN services, mammograms, dental services, annual eye examinations and behavioral health services for DDD members, all members must obtain a valid referral from their PCP or OB-GYN prior to receiving services from a specialty care physician.

Prior to rendering services, the specialty care physician should call the Horizon NJ Health Physician & Health Care Hotline to verify member eligibility. (See Section 2.0 Eligibility for more information.)

Horizon NJ Health specialty care physicians are also required to maintain the same office standards as the PCP. See Section 12.17 Office Standards for more information.

7.2 Referrals for Care

Referrals are valid for 180 days and up to six visits from the date of issue (pending continued eligibility). The PCP or specialty care physician must obtain an authorization from the Utilization Management department if a member is referred for more than six visits or a treatment plan to perform services is required.

Horizon NJ Health has enabled electronic referrals to be completed on NaviNet, a multi-payer Web portal. NaviNet users have access to real-time Horizon NJ Health administrative information and tools.

With the implementation of electronic referrals, specialists may encounter members who do not have a paper referral form. Members appearing for treatment without a referral form should be seen once the member’s eligibility and the submission of a referral are verified. Specialists may accept a physician script as proof of a referral.

Specialists can confirm that a referral has been submitted by completing a referral inquiry on the NaviNet website or by calling the Physician & Health Care Hotline at 1-800-682-9091.
7.3 Specialty Care Reimbursement

The specialty care physician will be paid by Fee-for-Service. Horizon NJ Health reserves the right to modify the Horizon NJ Health fee schedule.

To ensure prompt reimbursement of your claim, be sure to:

- Attach a photocopy of the referral form, if available, to all claims for services authorized on the original referral. In absence of a paper referral form, enter the referral number into field #22 of the CMS 1500 (HCFA 1500) form
- Mail the referral form, if available, when submitting claims electronically
- If you determine that the need for additional specialty care is not authorized on the original referral, you must contact the member’s PCP to obtain another referral
- If you determine that the need for additional diagnostic testing is not authorized on the original referral, you must complete Section D of the referral form from the PCP
- Verify that the standard CMS 1500 (HCFA 1500) form contains the following information:
  - Member’s full name
  - Member’s address
  - Member’s date of birth
  - Horizon NJ Health ID number
  - Diagnosis
  - Date of service
  - Physician’s employer identification number
  - Physician’s signature and physician/vendor number
  - Referral number
  - Procedure code(s) – CPT (Current Procedural Terminology), Health Care Financial Administration Common Procedure Coding System (HCPCS)
- Non-emergent outpatient service invoices (except for the professional component) must have a referral form attached

Completed claims should be submitted to:

Horizon NJ Health
P.O. Box 7117
London, KY 40742
Phone: 1-800-682-9091

All claims must be received within 180 days of the date of service. Claims received after 180 days of the date of service will be denied for untimely filing.