

Authorizations & Referrals

VCHCP wants to ensure that you can obtain the services needed and recommended by your doctor, by eliminating barriers. That is why we continue to review services that require prior authorization and when appropriate, remove the prior authorization requirement or move the services to the direct referral list.

- Direct Referrals

Those services on the Direct Referral List do not require prior authorization from VCHCP. This means that your PCP can provide you with a referral to a specialist, without the need to wait for an authorization from the Plan.

The current Direct Referral Chart is attached for your reference. However, as VCHCP makes updates periodically, it is recommended that you or your doctor contact us to confirm or if you have any questions.

- Authorizations

For those services that do require prior authorization, VCHCP has stringent guidelines regarding turnaround time. Once VCHCP receives the authorization request from the provider, a decision will be made within 5 business days for standard requests, and 72 hours for urgent requests.

Although VCHCP cannot control when the office submits the authorization request, once received we ensure that the above noted timelines are met.

DIRECT REFERRAL CHART

The “Referred By” column indicates who can directly refer to the listed specialty/services.

	REFERRED BY	SPECIALTY	SERVICES
1	PCP	Allergy	All allergy services
2	PCP, ER, Urgent Care	Cardiology	Office Procedure: EKG, Ziopatch (with Irythm), Ziopatch (interpretation by Cardiologist), Pacemaker monitoring. Facilities Treatment (i.e., VCMC Clinic): Exercise stress echo, echocardiogram, doppler echo, trans-thoracic echo, doppler echo (pulse wave used in conjunction with doppler echo, exercise stress test (not thallium), stress tests (all kinds) for chest pain, Holter monitor for arrhythmias, 2D-echo with Doppler for CHF, troponin test
3	PCP	Dermatology	Office Procedures: destruction of lesions by any method and repair, biopsy and excision of lesions and repair, Moh’s procedures except when plastic surgery is required for closure.
4	PCP	Endocrinology	Office Procedure: Thyroid FNA biopsy; Diabetes Medical Services at Las Islas Family Medical Group such as Medical Nutrition Therapy (MNT), Group Education Counseling. –and Diabetes Outpatient Self-Management Training,
5	PCP	ENT	Office or Facilities Treatment: oronasal endoscopy, laryngoscopy Office Procedures: removal of cerumen, nasal endoscopy, use of binocular microscope, nasopharyngoscopy, removal of foreign body from EAC, excision of lesion vestibule of mouth without repair, biopsy of anterior tongue, biopsy of lip, excision of tongue lesion without closure, biopsy of floor of mouth, biopsy of oropharynx, I&D of peritonsillar abscess, control of nasal hemorrhage, anterior, simple fine needle aspiration of thyroid without image guidance, thyroid core biopsy, adult tympanostomy tube placement under local anesthesia; audiometry testing; tympanometry.
6	PCP	Gastroenterology	Facilities Procedure: Colonoscopy Screening and diagnostic colonoscopy; upper GI endoscopy, monitored anesthesia care (MAC) for colonoscopy and upper GI endoscopy only
7	PCP	General Surgery	Office Procedures: needle biopsy, excision of lesions (non-cosmetic)
8	PCP	Hematology-Oncology	CBC & Ferritin laboratory services
9	PCP, Neurosurgery, Orthopedics	Neurology	Office Procedures: EMG-NCV, EEG
10	PCP	Neurosurgery	Office Procedures: EMG-NCV, EEG
11	PCP	Obstetrics/ Gynecology	Office Procedures: Colposcopy and biopsy, endometrial biopsy, insertion and removal of IUDs for contraception, insertion of mirena for control of menorrhagia or endometrial hyperplasia, vulvar biopsy, insertion of nexplanon.
12	PCP	Ophthalmology	Office Procedures: medical examination and evaluation/treatment, visual field examination, ophthalmic diagnostic imaging, ophthalmic biometry, glaucoma testing, ophthalmoscopy, fluorescein angiography and fundus photography with interpretation and report, diabetic retinal screening.
13	PCP	Oral & Maxillofacial	Orthopantogram (panoramic x-ray)
14	PCP, ER, Urgent Care, Neurology, Neurosurgery, Pain Management, Physical Medicine and Rehabilitation	Orthopedics	Office Procedures: arthrocentesis, steroid injections, fracture care including fracture reduction, treatment of dislocations, casting and immobilization, administration of Hyaluronate derivative injections. Can dispense selected prefabricated orthotics.

	REFERRED BY	SPECIALTY	SERVICES
15	PCP, Neurology, Neurosurgery, Orthopedics, Pain Management, Physical Medicine and Rehabilitation	Pain Management and Physical Medicine and Rehabilitation	Office Procedures: trigger point injections, joint aspiration/injection, carpal tunnel injection, nerve block, EMG-NCV, EEG, chemodenervation, facet injection, epidural injection, all with or without image guidance.
16	PCP	Plastic Surgery	Biopsies; Steroid injections for trigger finger, scar management and finger joint pathology
17	PCP	Podiatry	Office Procedures: Toenail/nail plate removal; trimming of toenails for diabetic patient; local nerve, tendon sheath and ligament injections of anesthetic and/or steroid; paring/cutting hyperkeratotic lesions; nail debridement; arthrocentesis, aspiration, and injection of joint/bursa. Can dispense selected foot orthotics for diagnosis of diabetes
18	PCP	Pulmonology	Office Procedures: pulmonary function test, office spirometry, office oximetry.
19	PCP	Rheumatology	Office Procedures: joint aspiration/injection
20	PCP	Thoracic Surgery/Vascular Surgery	
21	PCP	Urology	Office Procedures: cystoscopy for hematuria, prostate ultrasound/biopsy, urethral dilations for stricture, bladder scan/ultrasound for post void residual.
22	PCP, Hand/Plastic Surgery, Neurosurgery, Neurology, Orthopedics, Pain Management, Podiatry, Physical Medicine and Rehabilitation, Rheumatology	Physical Therapy and Occupational Therapy	Initial evaluation and additional 7 visits up to a total of 8 visits. Effective 1/1/19, For PT providers, only: Additional 16 physical therapy visits beyond the initial eight (8) direct referral visits will NO LONGER require prior authorization. Requests for additional therapy beyond the 24 visits will require prior authorization with a submission of a TAR form including the initial therapy evaluation and treatment notes. Effective 1/1/19, For OT providers, only: Additional 16 occupational therapy visits beyond the initial eight (8) direct referral visits will NO LONGER require prior authorization. Requests for additional therapy beyond the 24 visits will require