



THE PAIUTE INDIAN TRIBE OF UTAH

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PURCHASED REFERRED CARE (PRC) REFERRAL POLICY AND PROCEDURE

Policy: To ensure compliance with all Federal, IHS and PRC guidelines and equality for all Tribal members and AI/AN, all health department staff must follow the procedure to process and issue medical referrals.

Procedure:

A. Referral Guidelines: The Health Department will follow the outlined guidelines.

1. All referrals are subject to review for determination of medical necessity and must meet established IHS medical priorities.
2. You must be eligible for PRC before requesting a referral and/or prior authorization number. See PITU Prior Authorization Policy for eligibility requirements.
3. If it is determined a referral is medically necessary, designated Health Center staff may issue a prior-authorization to eligible members as follows:
 - a. **Routine Diagnostics:** Labs, X-Ray, OB related ultrasound and NST
 - b. **Specialized Imaging:** MRI, HIDA Scan, CT Scan
 - c. **Specialty Services/Providers:** Initial exam to a specialist (1 visit), New OB care and delivery, Initial Physical Therapy (6 visits), Initial Diabetic/Obesity Counseling (6 visits), Outpatient procedures, Lumbar Puncture, Polysomnogram (initial consult and test), EEG, Colonoscopy (initial consult and procedure), DME Supplies.
4. Any invasive procedure and surgery must be approved by the Clinical Director and Health Director to be covered by PRC.
5. Additional visits will only be authorized upon receipt of the specialist report and recommendation
6. In order to receive additional visits for physical therapy or diabetic/obesity counseling a new referral and authorization is required.
7. Any additional services (MRI, X-Ray, additional tests, etc.) requested by the referred provider will require separate prior-authorization
8. Alternate resources must be utilized by “in network” providers before PRC payment.
9. As required by law, you must make a good faith effort and apply for alternate resources or your claim will not be paid
10. Initial referrals are good for thirty (30) days. If the client does not utilize the referral within the time frame the client will need to be reevaluated.

11. On-going referrals will require a yearly review from the PITU provider, indicating the need for on-going care.

B. Referral for Non-PITU providers:

- a. All referrals will be routed through a PITU clinician for review. This includes referrals made from the emergency room, upon discharge, or by a non-PITU provider.
- b. PITU clinician must approve all referrals and course of treatment recommended.
2. You must get a new prior authorization number for each approved referral unless directed otherwise by Health Department management.
3. If the requested service can be provided by the PITU provider, the referral will be denied.

C. Compliance: Failure to follow the policy and procedure may result in claim denial.

D. Appendix:

Definitions

PITU –Paiute Indian Tribe of Utah.

AI/AN -American Indian/Alaskan Native.

Transient – 1. Not lasting long 2. Staying somewhere only a short time.

CHSDA -Contract Health Service District Area (Washington, Millard, Iron or Sevier counties)

IHS -Indian Health Services

Invasive Procedure - Any surgical or exploratory activity in which the body is pierced by a device, instrument, or by manual digitation

PRC –Purchased Referred Care

Procedures to this policy were modified on 11/14/14*

Approved

Disapproved


Michele Lefebvre, Health Director

Nov 14, 2014
Date