

Northeast PHO Pediatric Referral Management Policy

In an effort to reduce the number of patients seeking care outside of the Northeast PHO network, the following referral management process has been put in place.

1. BCBS, Fallon, Harvard Pilgrim, Tufts, and Tufts Medicare Preferred HMO patients seeking specialty care referrals outside of the Northeast PHO network will be subject to Medical Director review.
2. The following criteria must be documented in order for an out of PHO referral request to be approved.
 - a. **Pre-existing relationship** - Clinical notes will be required to authorize a pre-existing relationship.
 - i. One Calendar Year
 - ii. Follow up to current Surgery or complication of current surgery or therapy
 - b. **Access to Care** – refer to PHO Specialty Access Guidelines
 - c. **Services not in PHO network** - Clinical notes will be required to support this request
 - d. **Coordination of Care** - Clinical notes will be required to support this request
 - e. **ER follow up** - Clinical notes will be required to support this request
 - f. **Second Opinion** – requires Medical Director review and documentation
3. In PHO Orthopedic Policy
 - a. Members must see an in-PHO Orthopedic Specialist prior to being referred to an Out of PHO (OOPHO) or Tertiary Orthopedic Specialist.
4. Pediatric Referral rules
 - a. Referrals for the following pediatric specialties will be approved **without** PHO review:
 - i. Cardiology
 - ii. Endocrinology
 - iii. Gastroenterology
 - iv. Nephrology
 - v. Neurology/Neurosurgery
 - vi. Pulmonology
 - vii. Rheumatology
 - viii. Urology
 - b. Orthopedic referrals must be in PHO **excluding** the following reasons
 - i. Scoliosis
 - ii. Malignant Tumors
 - iii. Congenital anomalies/issues
 - iv. Club Feet

v. Growth Plate Fractures for patients under 24 months

5. Referrals for the following services will not be subject to review:
 - a. Chiropractic Care
 - b. Optometry
 - c. Physical Therapy
 - d. Occupational Therapy
 - e. Speech Therapy