



Binder: OSF HealthPlans HCM Department

Policy

No./Title: HCM.CML.007 Fracture Care Referral

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Revision/Review

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Approval: *Rafael Delacruz M.D.* **Title:** Vice President and Chief Medical Officer

POLICY: Referrals for fractures should be made for entire fracture care, include 5 visits over a six month timeframe.

PURPOSE: To promote consistency among staff, ensure appropriate referrals and to avoid duplication of services.

PROCEDURE:

1. Referral request received from PCP office.
2. Request can be phoned, mailed, or faxed or intranet to OSF HealthPlans, HCM Department. If mailed or faxed, request must be complete and submitted on OSF HealthPlans' referral form.
3. System is accessed to determine eligibility.
4. System is accessed to verify specialist is in network.
5. If both Procedure 3 and Procedure 4 are met, enter information into the system.
6. If referral is received via telephone, referral number is given to caller.
7. The notification letter will automatically fax to the primary care physician and specialist office. Member letter will be mailed.
8. Does not include physical therapy, durable medical equipment, or supplies. These services require additional authorization..