

**Administrative Simplification**  
**Operational Guidelines**

**Simplification Area:** Referrals & Prospective Review

**Topic:** Women's Health care

**Objective:** Clarify and standardize the conditions under which women can self-refer for care

**Expected Impact:** *Patient* – The patient's experience can be negatively impacted when they do not receive consistent answers from providers and health plans, about self-referral guidelines. They may think the service is covered and then receive a bill.

*Medical Practices* – A practitioner may deliver services to a woman who self-refers, only to find out that the self-referral was inappropriate. Claims for that service are likely to be denied. In those cases when the claims are denied, staff is likely to spend 15 minutes discussing the situation with the health plan.

*Health Plans* – Staff spends at least 3 minutes, per call from a practitioner, to explain why a claim for women's health care was denied because the self-referral was inappropriate.

**Synopsis:**

A Woman can self-refer for care when:

- The provider is a licensed practitioner who provides women's health care services within their lawful scope of practice, and
- The provider is contracted with the woman's health plan network for that service, and
- The service is related to medical conditions/issues that are typically unique to women

**Background:**

Women are interpreting the Washington Administrative Code (WAC) 284-43-250 on Women's Health care in a variety of ways when they self-refer for care to providers. At times, providers find that they are not reimbursed by health plans for services delivered to women who self-refer. Providers have requested guidelines from the health plan relating to the conditions under which the health plan will reimburse them for services delivered to women who self-refer.

**General Guidelines:**

All participating health plans support and comply with Washington Administrative Code (WAC) 284-43-250 on Women’s Health care. In compliance with this WAC, *health plans will provide coverage when women self-refer to a woman’s health care provider for women’s health care services as long as that provider is contracted with the woman’s health plan for the service being provided.*

In other words, a woman can self-refer to a contracted, women’s health care provider ONLY when their medical condition/issue is specific to a woman’s health care service. In certain specific situations, some health plans may go beyond the WAC. In these situations, a woman can self-refer to a contracted, women’s health care provider FOR ANY medical condition/issue as long as that practitioner is licensed to provide the necessary services.

The following chart identifies the standard practice by health plan.

<b>Health Plan</b>	<b>Standard Practice: Allows self-referral to a licensed and contracted woman’s health care practitioner ONLY when a woman’s medical condition/issue is specific to a woman’s health care service.</b>	<b>Standard Practice: Allows self-referral to a licensed and contracted/ approved woman’s health care practitioner, FOR ANY medical condition/issue that is typically treated by that practitioner.</b>
Aetna	X	
Community Health Plan of Washington (CHPW)		X
First Choice Health Plan	X	
Group Health Cooperative	X	
Molina Healthcare		X
Regence BlueShield	X	
Uniform Medical Plan (UMP)		X

**Operational Guidelines:**

It is important to define the three key elements of the WAC.

- Who is a Women Health care Provider?
- What are Women’s Health care Services?
- To which Providers can a women self-refer?

Who is a women's health care provider?

*Women's health care providers are licensed practitioners who provide women's health care services within their lawful scope of practice.*

For participating health plans, the women's health care providers that are covered for self-referrals typically include, but are not limited to:

Type of Provider <sup>*1</sup>	Common Policy <sup>*2</sup>	Exceptions
• An M.D. or D.O. who is a family or general practitioner, internist, obstetrician or gynecologist	Yes	
• A naturopathic physician (N.D.)	Yes	For <b>Aetna, CHPW, GHC</b> - An N.D. <b>IS NOT</b> a covered women's health care provider for self-referrals
• A licensed physician assistant (PA)	Yes	For <b>Aetna</b> – Only covered when under the supervision of an MD
• An advanced registered nurse practitioner (A.R.N.P.) who specializes in women's health, family practice or midwifery	Yes	
• A certified nurse midwife (C.N.M.)	Yes	
• A licensed midwife	Yes	

\*1 - Check with the health plan to clarify credentialing requirements about these and other providers

\*2 - The Common Policy indicates the policy that is in place for the majority, if not all, of the participating health plans. Exceptions to the Common Policy will be noted.

What are Women's health care services?

*Women's health care services are related to medical conditions/issues that are typically unique to women.*

Covered women's health care services include, but may not be limited to, maternity care, gynecological care and general examinations as medically appropriate and medically appropriate follow-up visits.

Specific conditions that typically fall with the scope of self-referred women's health care are:

Women's Health Care Services	Common Policy <sup>*1</sup>	Exceptions
Abdominal Pain	No	For <b>GHC, Molina, Regence &amp; UMP</b> – this <b>IS</b> a covered women's health care service for self-referrals
Breast Cancer	Yes	
Contraceptive Management	Yes	
Genitourinary Cancer	Yes	
Gynecological Care and General Examinations	Yes	
Infertility Management	Yes	
Maternity, Pregnancy & Post-Partum	Yes	
Osteoporosis	No	For <b>GHC, Regence, UMP</b> – this <b>IS</b> a covered women's health care service for self-referrals
Ovarian Dysfunction	Yes	
Pre & Post Menopause	Yes	
Urinary Tract Infection	No	For <b>GHC, Molina, Regence &amp; UMP</b> – this <b>IS</b> a covered women's health care service for self-referrals
Vaginal Warts	Yes	For <b>GHC</b> – Vaginal Warts <b>IS NOT</b> a covered women's health care service for self-referrals
Venereal Disease	Yes	

\*1 - The Common Policy indicates the policy that is in place for the majority, if not all, of the participating health plans. Exceptions to the Common Policy are noted.

**The above table ONLY APPLIES for self-referrals IF the service is a covered benefit by the woman's health plan. Benefits vary by health plan and product.** Check with the health plan with questions about these and other services.

To which Providers can a woman self-refer?

*Women can self-refer to a woman's health care provider as long as that provider is contracted with the woman's health plan network for that service. If a woman self-refers to a practitioner that is not contracted with the woman's health plan network, the woman is responsible for the cost of those services.*

Women may self-refer to providers of women's health care services without going through a PCP. To receive the highest level of benefit coverage, services must be provided by a woman's health care provider, that is contracted with the women's health plan network to deliver the service. For example, a woman who has Basic Health Plan (BHP) coverage through Regence BlueShield, can self-refer to a provider who is part of the Regence BlueShield BHP network.

She cannot self-refer to a provider who is a member of the Regence BlueShield Selection network, unless that provider is contracted with both networks.

If the provider is not a contracted provider of the woman's health plan network, covered services will be processed at the lower level benefit or denied. Deductible, copayment and coinsurance requirements apply to women's health care services.

Women may not self-refer to a hospital for women's health care services.

#### Other Considerations related to Women's Health Care

*Referrals by the Women's health care provider:* A women's health care provider can a) do a secondary referral for a women's health care service, or b) admit a patient to a facility where that provider has privileges. In both cases, the provider/facility **must be in the member's network and health plan rules apply.**

NOTE: HEALTH PLAN RULES REGARDING REFERRALS AND PROSPECTIVE REVIEW APPLY. Review the appropriate Referral and/or Prospective Review Table, which can be found at the Forum's Web site at [www.wacareforum.org](http://www.wacareforum.org). The path is Admin Simp Policies & Guidelines / Referrals and Prospective Review.