REFERRAL GUIDE FOR SOONERCARE MEMBERS

SoonerCare Choice members will need to see their Primary Care Provider (PCP) first before going to the specialist. Your PCP will help you get the care you need and refer you to a specialist. A referral means you need to see a specialist. A prior authorization means that the care you need must be reviewed. The reviews are done by OHCA, and you will receive a notice letter with the decision.

Referrals are not required for:
- Services provided outside the medical home by primary care specialties
- Acute hospitals
- Anesthesia services
- Emergency room care outpatient surgeries (facility only)
- Inpatient hospital admissions
- Chemotherapy
- Diagnostic lab and x-ray services
- Family planning services or obstetrical care
- Outpatient behavioral health services
- Sleep studies/sleep medicine
- Dental services
- Physical therapy/occupational therapy/speech therapy/audiology services
- Services provided to Native Americans at I/T/U facilities
- Vision services for children, including optometry
- Durable medical equipment
- Child physical/sexual abuse exams

Did you know?

- Your Primary Care Provider (PCP) will do a referral for you to see the specialist.
- Specialist offices and PCPs will sometimes have their own requirements around referrals.
- The specialist will need to have a referral from the PCP before your visit.
- Referrals are sent from your PCP to the in-network specialist. Usually, a member is not a part of this process.
- OHCA does not receive or approve referrals, prior authorizations are sent to OHCA for approval.
- Your PCP and specialist must keep supporting documents for each referral.
- Services approved by your PCP must be in the scope of your SoonerCare program.
- A referral does not guarantee specialist services will be paid for.
- The length of the referral is decided by the PCP.
- A Referral can be made to a specialist or to a specialty group.
- Referrals can be sent to other specialists when approved by your PCP.

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