Altura Management Services

Policy and Procedure

Policy Title:	Specialist-to-PCP Care Transition
Policy No.:	UM-RPP-060
Issuing Dept.:	Utilization Management
Applicable To:	☒ M-Cal ☒ Comm ☒ Medicare
Effective Date:	07/18/2025
Last Review Date:	08/05/2025

Purpose

1. To ensure that members receive continuous, comprehensive, and coordinated care by transitioning responsibility from specialists back to Primary Care Providers (PCPs) once the member's condition is stable. This approach aims to:

    1.1. Maintain the PCP as the central figure in the member's healthcare journey.

    1.2. Prevent unnecessary duplication of services and reduce potential overutilization.

    1.3. Enhance member satisfaction through consistent and familiar care.

    1.4. Ensure timely and effective communication between specialists and PCPs.

    1.5. Guarantee the transition process does not impede timely access to care.

Policy

1. Establish formal referral agreements and clear communication protocols between PCPs and specialists to delineate responsibilities and facilitate the timely redirection of care back to the PCP. These agreements should outline expectations for follow-up, monitoring, and communication to ensure seamless transitions and continuity of care.

Procedure

1. Initial Referral

    1.1. PCPs assess the member's condition and determine the need for specialty care.

    1.2. A formal referral is made to the appropriate specialist, including relevant medical history and current treatment plans.

    1.3. The specialist evaluates the member and develops a treatment plan.

2. Specialist Care

    2.1. The specialist provides care focused on the specific condition, including diagnostics, treatments, and procedures beyond the PCP's scope.

2.2. The specialist communicates the treatment plan and any recommendations to the PCP in a timely manner.

2.3. The specialist is provisioned 2 follow-up visits upon completion of the initial visit to implement the treatment plan. If further visits are required, the specialist must provide documentation that indicates:

2.3.1. The member's diagnosis is still active and requires close monitoring by the specialist.

2.3.2. The member's care is not completed based on the agreed upon treatment plan

2.3.3. The PCP is still involved in the case

3. Standing Referral (If Applicable)

3.1. Oncology

3.2. HIV/AIDS

3.3. If the member's condition requires ongoing specialized care, a standing referral may be considered (Refer to UM-RPP-047 Standing Referrals), in consultation with the PCP.

4. Stabilization and Transition Planning

4.1. Once the specialist has utilized the **2** provisioned follow up visits, they will initiate a plan to transition care back to the PCP, unless documentation is received indicating the above criteria for ongoing care are met.

4.2. The transition plan includes:

4.2.1. Summary of the member's condition and treatment received.

4.2.2. Recommendations for ongoing management.

4.2.3. Any necessary follow-up appointments or tests.

4.2.4. Transition is timely and appropriate care for the member based on access and availability standards

4.2.5. Transition of care does not delay the provision of necessary medical services

4.3. The specialist communicates the transition plan to the PCP and the member.

5. Return to PCP Care

5.1. The PCP resumes primary responsibility for the member's care, incorporating the specialist's recommendations into the ongoing treatment plan.

5.2. The PCP schedules follow-up appointments as needed and monitors the member's progress.

5.3. The PCP communicates with the member to ensure understanding and adherence to the treatment plan.

5.4. The services requested are within the PCP scope of practice

6. PCP Scope of Practice

6.1. The scope of practice for PCPs is defined by state regulations and professional standards. In California, for example:

6.1.1. Physicians: Diagnose and treat illnesses, perform procedures, and manage overall member care.

6.1.2. Nurse Practitioners (NPs): Perform physical and mental assessments, disease prevention, restorative measures, and initiate emergency procedures.

6.1.3. Physician Assistants (PAs): Assist in diagnosing and treating illnesses, performing procedures, and managing member care under the supervision of a physician.

6.2. PCPs, including physicians, nurse practitioners, and physician assistants, are responsible for a broad range of healthcare services, including:

6.2.1. Preventive care (e.g., routine check-ups, vaccinations, screenings).

6.2.2. Management of controlled chronic conditions (e.g., diabetes, hypertension, asthma).

6.2.3. Acute care (e.g., treating common illnesses and minor injuries).

6.2.4. Coordination of care, including referrals to specialists and management of overall member care.

6.2.5. Other conditions are listed in the following table:

Specialty	Service	Diagnosis Code (ICD-10)
Allergy	Allergy history	Z91.0
	Treat seasonal allergies	J30.1
	Environmental counseling	Z71.2
	Minor insect bites/stings	T63.4
	Asthma (chronic/acute)	J45.909
	Peak flow monitoring	Z13.83
Cardiology	Perform and interpret electrocardiograms	R94.31
	Evaluate chest pain	R07.9
	Evaluate murmurs	R01.1
	Evaluate palpitations	R00.2
	Evaluate and treat coronary risk factors	E78.5
	Evaluate stable angina	I20.9
	Evaluate non-life-threatening arrhythmias	I49.9
	Evaluate syncope	R55
	Provide education and prophylaxis against rheumatic fever	I00
Dermatology	Treat acne	L70.9
	Treat warts	B07
	Diagnose and treat common rashes	L30.9
	Identify suspicious moles	D48.5
	Screen for basal or squamous cell carcinomas	C44.9
	Diagnose and treat common hair problems	L63.9
	Diagnose and treat common nail problems	L60.9
	Treat dermal injuries	T30.0
	Counsel members regarding removal of cosmetic lesions	Z41.1
	Diagnose and treat irritated seborrheic keratosis	L82.1
	Treat irritated skin tags	L91.8
	Manage mild stasis ulcers	I83.0

	Treat actinic keratosis	L57.0
Endocrinology	Diabetic management and education	E11.9
	Supervision of Home Blood Glucose Monitoring Testing	Z13.1
	Diagnose and treat thyroid disorders	E03.9
	Identify and treat hyperlipidemia	E78.5
	Obesity management	E66.9
	Provide member education and treatment for osteoporosis	M81.0
Gastroenterology	Diagnose and treat lower abdominal pain	R10.9
	Diagnose and treat acute diarrhea	A09
	Treat nausea and vomiting	R11
	Occult blood testing	R19.5
	Diagnose and treat heartburn	K21.9
	Diagnose and treat upper abdominal pain	R10.13
	Diagnose and treat acid peptic disease	K27.9
	Diagnose and treat reflux	K21.9
	Diagnose and treat functional bowel syndrome	K58.9
	Diagnose and treat chronic jaundice	R17
	Diagnose and treat hemorrhoids	K64.9
	Diagnose and treat uncomplicated hepatitis	B19.9
	Screen for colon cancer	Z12.11
General Surgery	Evaluate and follow small breast lumps	N63
	Order screening mammogram	Z12.31
	Incision and drainage of simple soft tissue infections	L02.91
	Suture removal	Z48.02
	Evaluate hernias	K40.9
	Diagnose symptomatic gallbladder disease	K82.9
Gynecology	Perform routine pelvic exams	Z01.419
	Perform PAP smears	Z12.4
	Birth control	Z30.9
	Breast exam	Z12.31
	Diagnose and treat vaginitis	N76.0
	Diagnose and treat sexually transmitted diseases	A64
	Evaluate lower abdominal pain	R10.9
	Manage stable endometriosis	N80.9
	Diagnose pelvic masses	N83.8
	Diagnose fibroids	D25.9
	Provide counseling and manage estrogen replacement therapy	Z79.890
Hematology/ Oncology	Initial differential diagnosis of anemias	D64.9
	Treat iron deficiency	D50.9
	Treat B12 deficiency	D51.9

	Treat folic acid deficiency	D52.9
	Recognize anemia of chronic disease	D63.8
	Evaluation of tumors and masses	D49.9
Infectious Disease	Common infectious diseases	A49.9
	Initial evaluation for HIV positive	Z21
	Viral disorders	B34.9
	Tuberculosis treatment and prophylaxis	A15.0
Nephrology	Evaluate renal failure	N19
	Evaluate proteinuria	R80.9
	Evaluate and treat common electrolyte and acid-base abnormalities	E87.9
Neurology	Diagnose and treat psychophysiological diseases	F45.9
	Diagnose and treat headaches	G44.1
	Diagnose and treat low back pain	M54.5
	Diagnose and treat myofascial pain syndromes	M79.1
	Diagnose and treat neuropathies	G60.9
	Diagnose and treat radiculopathies	M54.1
	Diagnose and treat tension headaches	G44.201
	Diagnose and treat migraine headaches	G43.909
	Treat syncope	R55
	Manage post stroke and TIA members	I69.3
	Manage dementia	F03.90
	Manage stable Parkinson's disease	G20
Ophthalmology	Perform thorough ophthalmologic history	Z01.00
	Perform common eye-related services	Z01.00
	Diagnose and treat common eye conditions	H10.9
	Removal of simple superficial corneal foreign bodies	T15.01XA
Orthopedics	Treat cervical back pain	M54.2
	Treat thoracic back pain	M54.6
	Treat lumbar back pain	M54.5
	Treat sprains	S93.4
	Treat strains	S39.012A
	Treat pulled muscles	M62.49
	Treat overuse syndromes	M70.9
	Treat inflammatory conditions	M79.2

7. Utilization Management

7.1. Upon receipt of a Treatment Authorization Request (TAR) from a specialist who has either (1) completed the initial visit and the two authorized follow-up visits and wishes

to see the member again, (2) wishes to perform a procedure, or (3) wishes to refer to another provider or ancillary service, Utilization Management (UM) designee will initiate a review process to determine the appropriateness of continued specialist care or referral.

7.2. Specialist Justification Requirement

7.2.1. The UM designee will contact the specialist to request a written justification for continued care and concurrence from the PCP, if not received with the supporting documentation for the request.

7.2.2. The justification must clearly explain why the member cannot be safely transitioned back to the Primary Care Provider (PCP) at this time.

7.2.3. The justification must include:

7.2.3.1. Evidence that the member's condition remains active.

7.2.3.2. Clinical rationale for continued specialist-level management.

7.2.3.3. Updated treatment plan and anticipated outcomes.

7.2.3.4. Concurrence by the PCP

The person requesting the authorization shall contact the PCP at the time the auth is written. If this is not documented in the authorization it cannot be approved.

7.3. Escalation for Further Review

7.3.1. If the specialist fails to provide adequate justification, the UM designee will escalate the case to the next level review.

7.3.2. The reviewer will assess the documentation and determine whether:

7.3.2.1. The treatment has concluded, or

7.3.2.2. The member's care can be safely redirected to the PCP.

7.4. Determination to Redirect Care

7.4.1. If the Physician Reviewer determines that continued specialist care is not medically necessary:

7.4.1.1. A formal notice to transition care back to the PCP will be issued.

7.4.1.2. The UM Designee will:

7.4.1.2.1. Inform the member that their care will be returning to their PCP.

7.4.1.2.2. Advise the member to contact their PCP to schedule a follow-up appointment.

7.4.1.2.3. Send a copy of the specialist's most recent progress notes to the PCP for care coordination.

Forms & Resources

1. Not applicable

References and Citations

1. American Board of Family Medicine (ABFM)
2. American Board of Internal Medicine (ABIM)
3. American Osteopathic Board of Family Physicians (AOBFP)
4. American Osteopathic Board of Internal Medicine (AOBIM)
5. American Academy of Nurse Practitioners Certification Board (AANPCB)
6. American Nurses Credentialing Center (ANCC)
7. National Commission on Certification of Physician Assistants (NCCPA)

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Definitions

Term	Definition

Company/Client Approval(s)

Date	Company/Client	Approve By (Full Name – Title)

Version History

Date	Company/Client	Action Description
07/18/2025	Family Choice Medical Group	Initial Adoption and Approval
08/05/2025	AltaMed Health Services	Initial Adoption and Approval
08/05/2025	Omnicare Medical Group	Initial Adoption and Approval