



UHC

**Medicare Advantage
Referral Requirement**

2/24/2026

UHC Policy

September 30, 2025

Referral requirements for Medicare Advantage HMO/HMO-POS plans Jan. 1, 2026



Update

Last modified: Feb. 17, 2026

Update: Added information around effective dates and start dates of submitted referrals.

Starting Jan. 1, 2026, most members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans will be required to obtain a referral from their primary care provider (PCP) before accessing certain specialist services in outpatient, office or home settings. Referrals must be submitted by the PCP to UnitedHealthcare prior to the specialist visit. You can choose a start date of up to 5 calendar days prior to the entry date. Referrals are effective immediately upon submission.

The new referral requirements will NOT apply to services provided by a:

- Primary care provider
- Mental health provider
- Obstetrician/gynecologist
- Chiropractor
- Audiologist
- Oncologist
- Hematologist
- Nuclear medicine
- Neonatology
- Emergency medicine
- Nutritionist
- Podiatrist
- Optometrist
- Ophthalmologist
- Optician
- Radiologist
- Therapeutic radiologist
- Infectious disease specialist

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In addition, PCP referral is not required for these services:

- PT/OT/ST, cardiac therapy or pulmonary therapy
- Provision of anesthesiology (pain management services rendered by an anesthesiologist do require a referral)
- Home health agency services
- Services performed in an observation setting
- Any services from a pathologist or inpatient consulting physician, including hospitalists
- Emergency room, ambulance or urgent care services
- Telehealth services
- Medicare-covered preventive services, kidney disease education or diabetes self- management training
- Routine annual physical exams, routine vision exams or hearing exams
- Dialysis services
- Any lab services, radiological or non-radiological testing services, or radiation therapy
- Durable medical equipment, home health, prosthetic/orthotic devices, medical supplies, diabetic testing supplies, Medicare Part B drugs or allergens
- Additional coverage that may be included by some Medicare Advantage plans but are not covered by Medicare, such as hearing aids, routine eyewear, dental care, fitness memberships or outpatient prescription drugs

Note, eligibility and benefit verification information and member materials, such as the Evidence of Coverage, may indicate referrals are required for additional benefit categories. However, PCPs are not required to submit referrals for the exclusions listed above, and UnitedHealthcare will not check for referrals for the above categories when paying claims.

Specialists within the same specialty and under the same TIN do not require separate referrals.

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Key dates

UnitedHealthcare will not deny claims for lack of referral on plans with new referral requirements for dates of service through **April 30, 2026**. However, providers are encouraged to begin submitting referrals for services scheduled on or after **Jan. 1, 2026**. Claims for specialist services without a referral will be denied beginning **May 1, 2026**.

Claims denied due to missing referrals will be considered provider liability. Members must not be balance billed for services rendered without a valid referral.

- For plans with new referral requirements, referrals for the 2026 plan year can't be submitted before Jan. 1, 2026
- Claims may still be denied even if a referral is on file if:
 - The services are not covered under the member's benefit plan
 - Required prior authorization was not obtained

Referral requirements do not apply to members enrolled in:

- Institutional SNP plans
- Erickson Advantage plans
- Michigan Integrated DSNP plan (H2247-005)

Delegated providers may have their own referral policies and processes that differ from UnitedHealthcare's standard procedures.

Note, California, Nevada and Texas have referral requirements currently in place. Existing referral policies in these states will not change and referrals are required for all 2026 dates of service. For referral exclusions, requirements and details in these states, please refer to the member's evidence of coverage. UnitedHealthcare will not track or enforce referral requirements in these markets. Providers or delegates are not required to submit referrals to UnitedHealthcare in these states. If you provide care for a delegated member in a UnitedHealthcare Medicare Advantage HMO or HMO-POS plan in one of these markets, please contact the delegate for referral requirements.

Practice Suggestions

Determine the impact to your practice: check the number of your patients with UHC MA coverage, specifically HMO/HMO-POS

Evaluate Authorization/Referral Workflow in your practice

Determine and register staff who will need a OneHealthcare ID

Initiate Referrals - PCP

Check for referrals - Specialist

Known Issue

UHC has a nationwide initiative to clean up the online directories

Out of network errors for specialty providers are impacting the ability to make specialist referrals

MetroCare is working directly with UHC to correct the errors

Contact Fran if provider(s) show as out of network

Questions from Local Practices

Does the midlevel providers (NP, PA) specialty mirror their supervising provider?

- Yes, in practice it does. UnitedHealthcare treats **NPs and PAs as rendering under the specialty they are credentialed under**, which typically mirrors their supervising or billing provider's specialty when they are part of the same practice and TIN. Referrals are **issued to the specialty and provider**, not to the individual clinician name alone, and **specialists within the same specialty and same TIN do not require separate referrals**.
- What matters to UHC is:
 - The **specialty type**
 - The **TIN**
 - The provider being **in-network**

Questions from Local Practices

Is there a grace period for obtaining a referral in the case of after hours walk in clinics, such as Orthopedic?

- There is no special “after-hours” or “walk-in clinic” exception.
- However, there **is a limited timing allowance**:
 - PCPs **may backdate a referral start date up to 5 calendar days prior** to the date the referral is entered.
 - This allows coverage in scenarios where a patient is seen urgently (for example, an after-hours orthopedic clinic) and the PCP submits the referral shortly after the visit.
 - Referrals **cannot be submitted retroactively beyond that 5-day window**.
 - **Specialty walk-in clinics (like orthopedic urgent clinics)** are still considered specialty care and **do require a referral**, unless the service itself falls under an explicit exemption
 - There is **no extended grace period** tied to after-hours care. Claims without a valid referral after enforcement will be provider liability.
- Important distinction:
 - **Emergency room and urgent care services do NOT require referrals**

Questions from Local Practices

Is the referral required from the patient's assigned PCP?

Any in-network PCP can submit the referral. It does NOT have to be the assigned PCP.

Questions from Local Practices

Is a referral required within the same TIN?

Yes. If you have a multispecialty practice with PCPs and Specialists – the PCP must generate a referral to the specialist in the same TIN.

UHC Resources

- [Referral requirements for Medicare Advantage HMO/HMO-POS plans Jan. 1, 2026 | UHCprovider.com](#)
- [2026 Medicare Advantage Referral Requirements Guide](#)
- [2026 Medicare Advantage Plan Overview](#)
- [Referrals](#)