



DIRECT REFERRAL FORM

FAX TO: 800-874-2093

PATIENT	<p>Please call the provider listed to make an appointment.</p> <p>TAKE THIS FORM WITH YOU TO THE APPOINTMENT AND GIVE IT TO THE OFFICE STAFF. Bring medical records to the appointment such as test results, X-rays, MRI or ultrasound reports.</p>			
PATIENT INFORMATION				
Last Name:		First Name:	DOB:	Sex: F M
Address:		City:	State:	Zip:
Member Phone #:		Health Plan ID#:	Health Plan:	
REFERRING PCP				
Name:		Phone #:	Fax #:	
ADDRESS		PCP SIGNATURE	DATE SEEN BY PCP:	
REFERRED TO CONTRACTED SPECIALIST/ANCILLARY PROVIDER				
NAME		PHONE #	FAX #	
ADDRESS		SPECIALITY		
Patient is being referred for the following service check ONE				
<input type="checkbox"/> ENDOCRINE <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		<input type="checkbox"/> NEPHROLOGY <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> UROLOGY CPT Code: <u>99203/99243</u> <input type="checkbox"/> Testicular Pain ICD10: <input type="checkbox"/> UTI ICD10: _____ <input type="checkbox"/> Acute Obstruction ICD10: _____ <input type="checkbox"/> Torsion ICD10: _____ <input type="checkbox"/> Pediatric Urology ICD10: _____ <input type="checkbox"/> Incontinence ICD10: _____		<input type="checkbox"/> ORTHOPEDICS - FOR FRACTURE CARE ONLY (Includes initial consultation & treatment, X-rays, as indicated) Peds- closed reduction only, most open reductions are CCS covered services <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> Neurology *excluding headache and migraine <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		<input type="checkbox"/> Hepatology <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> Infectious Disease for HIV or AIDS <input type="checkbox"/> ICD10: _____ CPT Code: _____		<input type="checkbox"/> Pulmonology for COPD <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> PODIATRY (Annual Diabetic Screening ONLY) <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		<input type="checkbox"/> OPTOMETRY –Yearly Diabetic Exams or Glaucoma screening- (Vision Care is Health Plan Responsibility for most plans) <input type="checkbox"/> ICD10: _____ CPT Code: <u>92004</u>		
<input type="checkbox"/> Audiology Hearing loss confirmed by screening. <input type="checkbox"/> ICD10: _____ CPT Code: _____ See CPT coding guide for correct code for age and line of business.		<input type="checkbox"/> OPHTHALMOLOGY <input type="checkbox"/> Retinal Specialist Only for Acute Retinal Detachment <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> Nutritionist <input type="checkbox"/> Peds obesity >85 Percentile only <input type="checkbox"/> Adult obesity >32.0 BMI <input type="checkbox"/> Diabetic Nutrition Counseling <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u> See CPT coding guide for correct code for age and line of business.		<input type="checkbox"/> GYN <input type="checkbox"/> GYN consults- Contracted providers only/Annual well woman exam <input type="checkbox"/> Post-menopausal bleed <input type="checkbox"/> ICD10: _____ CPT Code: <u>99203/99243</u>		
<input type="checkbox"/> RADIOLOGY – ONLY AT CONTRACTED FREE STANDING FACILITY <input type="checkbox"/> Ultrasound: 76536, 76641, 76642, 76645, 76700-76775, 76830, 76856, 76870, 76872, 76881, 76882 <input type="checkbox"/> Breast-Mammogram Annual (F) 40 -69 <u>77067</u> <input type="checkbox"/> Musculoskeletal X-Ray _____ <input type="checkbox"/> Doppler to rule out DVT <u>93970 & 93971</u> <input type="checkbox"/> ICD10: _____ CPT Code: _____ CT /MRI REQUIRE PRIOR AUTH, NO RETRO OR DIRECT REFERRAL		<input type="checkbox"/> OB (Contracted provider only) CPT Code: <u>59409</u> ICD10: _____ Prenatal Care (complete and fax Pregnancy Notification Form to UM) Date Of Initial OB Visit: _____ LMP _____ EDC _____		
		<input type="checkbox"/> Family Planning <input type="checkbox"/> Depo Provera CPT <u>J3490-U8</u> Refer to FPA ICD10: _____ <input type="checkbox"/> Abortion 59840 (Elective) FPA ICD10: _____		

DIRECT REFERRAL FORM

FAX TO: 800-874-2093

PCP:	<ol style="list-style-type: none"> 1. PCP: Complete form including CPT code and ICD10 code, referrals cannot be processed without valid codes. 2. PCP: Fax this form to the Utilization Management Department of Preferred IPA at: 800-874-2093. 3. PCP: Services will be covered only if rendered by a Preferred IPA contracted provider. Please refer to your Specialist/Ancillary Roster for a list of contracted providers. 4. PCP: Do not wait for an authorization number before sending the patient to the contracted specialty or ancillary provider for the services marked below. <p>REASON FOR REFERRAL _____</p>
-------------	--

IMPORTANT NOTICE REGARDING QUEST and LAB CORP - LABS MUST BE SENT TO THE ASSIGNED CONTRACTED LAB FOR THE MEMBER'S PCP. PLEASE CALL 818-265-0800 TO VERIFY PCP'S CONTRACTED LABORATORY SERVICE PROVIDER.

SPECIALIST:	<ol style="list-style-type: none"> 1. Authorization is based on eligibility at the time of service. Verify patient eligibility prior to providing service. 2. This authorization is valid for 60 DAYS from the <u>Date Patient Was Seen by PCP</u>. 3. Perform only those services listed. Specialists may request further necessary care directly to the IPA, please call our UM Department at 800-874-2091 or fax request with pertinent medical records, reports and test results to 800-874-2093 4. Attach a copy of this form to the CMS 1500 form and send to: Preferred IPA, Claims Department, P.O. Box 4449, Chatsworth, CA, 91313. 5. Free Interpreter Services are available for Limited English Proficiency and hearing-impaired members by calling the Member Services Department of the member's health plan. 6. Indicate Diagnosis & Treatment Plan and fax form back to the PCP – <u>ICD10 CODE IS REQUIRED FOR PROCESSING:</u> <p>Diagnosis: _____ ICD10 Code: _____</p> <p>Treatment Plan: _____</p> <p>_____</p> <p>SPECIALIST – PLEASE FAX CONSULT REPORT AND OTHER APPLICABLE INFORMATION (REPORTS, TEST RESULTS, ETC) TO THE PCP</p>
--------------------	--