



# DIRECT REFERRAL FORM

FAX TO: 800-874-2093

**PATIENT** Please call the specialist/ancillary provider listed and make an appointment.

TAKE THIS FORM WITH YOU TO THE APPOINTMENT AND GIVE IT TO THE OFFICE STAFF. This authorization is good for 60 DAYS from the Date Patient Was Seen by PCP.

**Bring all related medical records to the specialist appointment such as test results, X-rays, MRI or ultrasound reports.**

**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

**REFERRED TO CONTRACTED SPECIALIST/ANCILLARY PROVIDER**

NAME	PHONE #	FAX #
ADDRESS	SPECIALITY	

Patient is being referred for the following services (check one, ENTER CPT CODE & ICD 10 CODE). Consult code is 99243 or 99203.

<input type="checkbox"/> <b>Cardiology</b> chest pain or dysrhythmias-uncontrolled ICD10: _____ CPT Code: _____	<input type="checkbox"/> <b>NEPHROLOGY</b> (for creatinine > 2) ICD10: _____ CPT Code: _____
<input type="checkbox"/> <b>UROLOGY</b> CPT Code: _____ <input type="checkbox"/> Testicular Pain ICD10: _____ <input type="checkbox"/> Acute Obstruction ICD10: _____ <input type="checkbox"/> All Pediatric Urology ICD10: _____	<input type="checkbox"/> <b>ORTHOPEDECS - FOR FRACTURE CARE ONLY</b> (Includes initial consultation & treatment, X-rays, as indicated) Peds- closed reduction only- All open reductions are CCS ICD10: _____ CPT Code: _____
<input type="checkbox"/> <b>ENDOCRINE</b> For patient with HbA1c > 8 ICD10: _____ CPT Code: _____	<input type="checkbox"/> <b>Pulmonology</b> for COPD ICD10: _____ CPT Code: _____
<input type="checkbox"/> <b>GASTROENTEROLOGY</b> <input type="checkbox"/> GI bleed ICD10: _____ CPT Code: _____ <input type="checkbox"/> Screening colonoscopy over 50 and none in last 10 years	<input type="checkbox"/> <b>OPTOMETRY</b> -Yearly Diabetic Exams or Glaucoma screening- (Vision Care is Health Plan Responsibility for most plans) ICD10: _____ CPT Code: 92004
<input type="checkbox"/> <b>GENERAL SURGERY</b> CPT Code: _____ <input type="checkbox"/> Breast Mass ICD10: _____ documented by mammo or US <input type="checkbox"/> Cholecystitis ICD10: _____ with documented stones <input type="checkbox"/> Cholelithiasis ICD10: _____ <input type="checkbox"/> Hernia-Incarcerated ICD10: _____	<input type="checkbox"/> <b>OPHTHALMOLOGY</b> <input type="checkbox"/> Yearly Diabetic Exam <input type="checkbox"/> Retinal Specialist Only For Acute Retinal Detachment <input type="checkbox"/> Conjunctivitis ICD10: _____ CPT Code: _____
<input type="checkbox"/> <b>Nutritionist for obesity</b> >85 Percentile only or Diabetic Nutrition Counseling ICD10: _____ CPT Code: _____ See CPT coding guide for correct code for age and line of business.	<input type="checkbox"/> <b>PODIATRY</b> (Annual Diabetic Screening ONLY) ICD10: _____ CPT Code: _____
<input type="checkbox"/> <b>GYN</b> <input type="checkbox"/> GYN consults- Contracted providers only/Annual well woman exam <input type="checkbox"/> Post-menopausal bleed ICD10: _____ CPT Code: _____	<input type="checkbox"/> <b>OB</b> (Contracted provider only) CPT Code: 59409 ICD10: _____ <b>Prenatal Care (complete and fax Pregnancy Notification Form to UM)</b> Date Of Initial OB Visit: _____ LMP _____ EDC _____ <input type="checkbox"/> OB Ultrasound chose one: CPT Code 76801 or 76805 ICD10: _____
<input type="checkbox"/> <b>RADIOLOGY – ONLY AT CONTRACTED FREE STANDING FACILITY</b> <input type="checkbox"/> Ultrasound: 76536, 76641, 76642, 76645, 76700-76775, 76830, 76856, 76870, 76872, 76881, 76882, 93970 & 93971 <input type="checkbox"/> Breast-Mammogram Annual (F) 40 -69 OR nodule (77057 or G0202) <input type="checkbox"/> Musculoskeletal X-Rays <input type="checkbox"/> Doppler to rule out DVT ICD10: _____ CPT Code: _____ <b>CT /MRI REQUIRE PRIOR AUTH, NO RETRO OR DIRECT REFERRAL</b>	<input type="checkbox"/> <b>Family Planning</b> <input type="checkbox"/> Depo Provera CPT J3490-U8 Refer to FPA ICD10: _____ <input type="checkbox"/> Abortion 59840 (Elective) FPA ICD10: _____ <input type="checkbox"/> <b>Infectious Disease</b> for HIV or AIDS ICD10: _____ CPT Code: _____ <input type="checkbox"/> <b>Audiology</b> Hearing loss confirmed by screening. Referral to SONUS ICD10: _____ CPT Code: _____ See CPT coding guide for correct code for age and line of business.



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<b>PCP:</b>	<ol style="list-style-type: none"> <li><b>PCP:</b> Complete form including CPT code and ICD10 code, referrals cannot be processed without valid codes.</li> <li><b>PCP:</b> Fax this form to the Utilization Management Department of Preferred IPA at <b>800-874-2093</b>.</li> <li><b>PCP:</b> 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.</li> <li><b>PCP:</b> Do not wait for an authorization number before sending the patient to the contracted specialty or ancillary provider for the services marked below.</li> </ol> <p><b>REASON FOR REFERRAL</b> _____</p>
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**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 X200 TO VERIFY PCP'S CONTRACTED LABORATORY SERVICE PROVIDER.**

<b>SPECIALIST:</b>	<ol style="list-style-type: none"> <li>Authorization is based on eligibility at the time of service. Verify patient eligibility prior to providing service.</li> <li>Perform only those services listed. Specialists may request further necessary care directly to the IPA, please call our UM Department at <b>800-874-2091</b> or fax request with pertinent medical records, reports and test results to <b>800-874-2093</b></li> <li>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.</li> <li>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.</li> <li>Indicate Diagnosis &amp; Treatment Plan and fax form back to the PCP – <b><u>ICD10 CODE IS REQUIRED FOR PROCESSING:</u></b></li> </ol> <p><b>Diagnosis:</b> _____ <b>ICD10 Code:</b> _____</p> <p><b>Treatment Plan:</b> _____</p> <hr/> <p><b>SPECIALIST – PLEASE FAX CONSULT REPORT AND OTHER APPLICABLE INFORMATION (REPORTS, TEST RESULTS, ETC) TO THE PCP</b></p>
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