Preferred IPA of California
be a Preferred Provider

DIRECT REFERRAL FORM

FAX TO: 800-874-2093

PATIENT	**Please call the provider listed to make an appointment.** 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.

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

❑ ENDOCRINE For patient with HbA1c > 8 or Diabetes ICD10: _____
CPT Code: 99203/99243/99243

❑ UROLOGY CPT Code: 99203/99243
- ❑ Testicular Pain ICD10: _____ ☐ UTI ICD10: _____
- ☐ Acute Obstruction ICD10: _____ ☐ Torsion ICD10: _____
- ☐ Pediatric Urology ICD10: _____ ☐ Incontinence ICD10: _____

❑ Infectious Disease for HIV or AIDS
ICD10: _____ CPT Code: _____

❑ PODIATRY (Annual Diabetic Screening ONLY)
- ❑ ICD10: _____ CPT Code: 99203/99243

❑ Audiology Hearing loss confirmed by screening.
ICD10: _____ CPT Code: _____
See CPT coding guide for correct code for age and line of business.

❑ Nutritionist
- ❑ Peds obesity >85 Percentile only
- ❑ Adult obesity >32.0 BMI
- ❑ Diabetic Nutrition Counseling

ICD10: _____ CPT Code: 99203/99243
See CPT coding guide for correct code for age and line of business.

❑ RADIOLOGY – ONLY AT CONTRACTED FREE STANDING FACILITY
- ❑ Ultrasound: 76536, 76641, 76642, 76645, 76700-76775, 76830, 76856, 76870, 76872, 76881, 76882
- ❑ Breast-Mammogram Annual (F) 40 -69 77067
- ❑ Musculoskeletal X-Ray _____
- ❑ Doppler to rule out DVT 93970 & 93971

ICD10: _____ CPT Code: _____
CT /MRI REQUIRE PRIOR AUTH, NO RETRO OR DIRECT REFERRAL

❑ NEPHROLOGY (for creatinine > 2)
ICD10: _____ CPT Code: 99203/99243

❑ ORTHOPEDICS - FOR FRACTURE CARE ONLY (Includes initial consultation & treatment, X-rays, as indicated) Peds- closed reduction only, most open reductions are CCS covered services
ICD10: _____ CPT Code: 99203/99243

☐ Pulmonology for COPD
ICD10: _____ CPT Code: 99203/99243

☐ OPTOMETRY –Yearly Diabetic Exams or Glaucoma screening- (Vision Care is Health Plan Responsibility for most plans)
ICD10: _____ CPT Code: 92004

☐ OPHTHALMOLOGY
- ❑ Retinal Specialist Only for Acute Retinal Detachment
- ❑ Conjunctivitis

ICD10: _____ CPT Code: 99203/99243

❑ GYN
- ❑ GYN consults- Contracted providers only/Annual well woman exam
- ❑ Post-menopausal bleed

ICD10: _____ CPT Code: 99203/99243

❑ OB (Contracted provider only) CPT Code: 59409 ICD10: _____
Prenatal Care (complete and fax Pregnancy Notification Form to UM)
Date Of Initial OB Visit: _____ LMP_____ EDC _____

❑ Family Planning
- ❑ Depo Provera CPT J3490-U8 Refer to FPA ICD10: _____
- ☐ Abortion 59840 (Elective) FPA ICD10: _____

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PCP:	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. **REASON FOR REFERRAL** _____ _____

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.

SPECIALIST:	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 Date Patient Was Seen by PCP. 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 **– ICD10 CODE IS REQUIRED FOR PROCESSING**: **Diagnosis:** _____ **ICD10 Code:** _____ Treatment Plan: _____ _____ **SPECIALIST – PLEASE FAX CONSULT REPORT AND OTHER APPLICABLE INFORMATION (REPORTS, TEST RESULTS, ETC) TO THE PCP**