



DIRECT REFERRAL FORM

FAX TO: 800-874-2093

PATIENT	<p>Please call the specialist/ancillary provider listed and make an appointment.</p> <p>TAKE THIS FORM WITH YOU TO THE APPOINTMENT AND GIVE IT TO THE OFFICE STAFF. This authorization is good for 60 DAYS from the <u>Date Patient Seen by PCP</u>.</p> <p style="text-align: center;">Bring all related medical records to the specialist appointment such as test results, X-rays, MRI or ultrasound reports.</p>
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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 & ADD CPT CODE). Consult code is 99243 or lower.

<input type="checkbox"/> Cardiology 786.50 chest pain or 427.xx dysrhythmias-uncontrolled CPT Code: _____	<input type="checkbox"/> NEPHROLOGY (for creatinine > 2) CPT Code: _____
<input type="checkbox"/> ENDOCRINE CPT Code: _____	<input type="checkbox"/> OPHTHALMOLOGY Yearly Diabetic exam <input type="checkbox"/> RETINAL SPECIALIST ONLY for Acute Retinal Detachment ICD9 361.9 CPT Code: _____
<input type="checkbox"/> GASTROENTEROLOGY <input type="checkbox"/> GI bleed ICD9- 578.9 CPT Code: _____ <input type="checkbox"/> Screening colonoscopy over 50 and none in last 10 years	<input type="checkbox"/> OPTOMETRY -Yearly Diabetic Exams or Glaucoma screening- (Vision Care is Health Plan Responsibility for most plans) CPT Code: 92004
<input type="checkbox"/> GENERAL SURGERY CPT Code: _____ <input type="checkbox"/> Breast Mass ICD9- 611.72 documented by mammo or US <input type="checkbox"/> Cholecystitis ICD9 575.10 with documented stones	<input type="checkbox"/> ORTHOPEDICS - FOR FRACTURE CARE ONLY (Includes initial consultation & treatment, X-rays, as indicated) Peds- closed reduction only- All open reductions are CCS
<input type="checkbox"/> GYN <input type="checkbox"/> GYN consults- Contracted providers only/Annual well woman exam Or Post menopausal bleed	<input type="checkbox"/> PODIATRY (Annual Diabetic Screening ONLY) CPT Code: _____
<input type="checkbox"/> Nutritionist for obesity >85% ile only CPT Code: _____	<input type="checkbox"/> Pulmonology for COPD 496 CPT Code: _____
<input type="checkbox"/> Family Planning <input type="checkbox"/> Depo Provera (x 3 based on eligibility) FOR MOLINA & LA CARE bill plan DIRECT. All others may go to FPA <input type="checkbox"/> Abortion 59840 (Elective) REFER TO FAMILY PLANNING ASSOC. ONLY	<input type="checkbox"/> RADIOLOGY <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 ICD9-453.40 CPT Code: _____ CT/MRI/ US REQUIRE PRIOR AUTH, NO RETRO OR DIRECT REFERRAL
<input type="checkbox"/> OB (Contracted providers only) DATE of INITIAL OB VISIT: _____ OB Ultrasound (CPT code 76801 or 76805) <input type="checkbox"/> Prenatal Care LMP _____ EDC _____ Hospital _____	<input type="checkbox"/> UROLOGY CPT Code: _____ <input type="checkbox"/> Testicular Pain (608.2x) <input type="checkbox"/> Acute Obstruction (599.60) <input type="checkbox"/> All Pediatric Urology
<input type="checkbox"/> Audiology Hearing loss (ICD9 389.20 confirmed by screen CPT Code: _____	<input type="checkbox"/> Infectious Disease for HIV or AIDS CPT Code: _____



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PCP:	<ol style="list-style-type: none">PCP: Fax this form to the Utilization Management Department of Preferred IPA at 800-874-2093.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.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>
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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.

SPECIALIST:	<ol style="list-style-type: none">Authorization is based on eligibility at the time of service. Verify patient eligibility prior to providing service.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 800-874-2093Attach a copy of this form to the CMS 1500 form and send to: Preferred IPA, Claims Department, P.O. Box 4449, Chatsworth, CA, 91313.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.Indicate Diagnosis & Treatment Plan and fax form back to the PCP – <u>ICD9 CODE IS REQUIRED FOR PROCESSING:</u> <p>Diagnosis: _____ ICD9 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>
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