Preferred IPA of California
Be a Preferred Provider

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SEPTEMBER 2015

NOTICE REGARDING REVISED REFERRAL & DIRECT REFERRAL FORMS

Please review this important bulletin regarding changes to the referral authorization submission forms & direct referral criteria.

Web Portal

If your office would like to receive training for the referral authorization web portal, please contact your Provider Services Representative. The web authorization system allows for online submission of referral authorizations and modification requests, online authorization status and same day turnaround of tracking numbers for all direct referral services. Call 818-265-0800 and ask for Provider Relations for more information.

New Paper Referral Forms

Attached please find the revised Preferred IPA Direct Referral Form & Referral Authorization forms for all hard copy referral requests. These form reflects the following changes:

- Referral Authorization form – ICD10 field replaced ICD9, all referrals require a valid ICD10 for processing
- Direct Referral form additions:
  - Added Ultrasound services CPT codes: 76536, 76641, 76642, 76645, 76700-76775, 76830, 76856, 76870, 76872, 76881, 76882, 93970 & 93971
  - Added nutritionist referrals for diabetic patients
  - Added referral to ophthalmology for patients with conjunctivitis
  - Added referral to general surgery for patients with cholelithiasis
  - Added referral to general surgery for patients with incarcerated hernia
  - Added ICD10 field to each category, all referrals require a valid ICD10 for processing

Please note this reminder for all electronic and paper referral requests:

Referral requests must include progress and/or consult notes and the results of diagnostic testing. Referrals which do not include this information may be delayed. You may submit this information through the web portal by uploading attachments or on fax by marking the documents legibly with the patient name, date of birth, and the authorization tracking number. Fax all pages to 800-874-2093.

Referral forms and other helpful information are available on our website at:

www.preferredipa.com

Thank you for your continued support of Preferred IPA of California.

If you have any questions, please contact Provider Relations: (818) 265-0800

REFERRAL / AUTHORIZATION REQUEST

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Fax authorization request to: (800) 874-2093
Phone (800) 874-2091

DATE SUBMITTED: _____

Check one health plan below:						**Select membership type:**	
Blue Cross	☐	Citizens Choice	☐	L.A. Care	☐	Medi-Cal	☐
Blue Shield	☐	Easy Choice	☐	Humana	☐	Healthy Kids	☐
Brand New Day	☐	Health Net	☐	Molina	☐	Medicare or Cal MediConnect	☐
Care 1st	☐					Covered California	☐

MARK HERE FOR TYPE OF REQUEST: ☐ **URGENT** ☐ **ROUTINE** ☐ **RETROACTIVE** ☐ **INPATIENT**

Patient Name LAST FIRST	MALE ☐ FEMALE ☐	DOB	AGE
Address	City	Zip	Phone
Member Number	Language Required (Interpreter Services Available)		

PATIENT REFERRED TO:	Address:
Specialty:	PHONE#: FAX #:

REFERRING PHYSICIAN:	Referring Physician Address
Referring Phone: Referring Fax:	Referring Signature (**REQUIRED**)

Diagnosis Codes (ICD10):	**Diagnosis Description:**
ICD10 Code 1:	
ICD10 Code 2:	

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 CONTRACTED LABORATORY PROVIDER.

	CPT CODES		**CPT CODES**
☐ Consultation w/ Dx & Report		☐ Out-Patient Procedure	
☐ Follow-up Visit (_____/visits)		☐ DME / Prosthetics	
☐ Ultrasounds		☐ Home Health Care	
☐ Routine Pregnancy Care	LMP:_____EDC: _____	☐ CT/MRI	
☐ Family Planning		☐ Physical Therapy Visit	
☐ Hospital In-Patient Care		☐ Other	

Reason for referral – ATTACH PERTINENT PROGRESS NOTES, CONSULT NOTES, LABORATORY/X-RAY RESULTS

What has been tried? For how long? With what results? How will this affect treatment? Please explain.

AUTHORIZATION OF REQUESTED SERVICES AND PAYMENT OF CLAIMS ARE BASED ON VERIFICATION OF CONTINUED ELIGIBILITY.
SPECIALIST: PLEASE PROVIDE CONSULTATION REPORT AND FOLLOW UP NOTES TO PCP
****SPECIALISTS MAY REQUEST FOLLOW UP VISITS OR PROCEDURES DIRECTLY****

Practitioners, members and the public may request a copy of the criteria used to make an authorization decision by calling the IPA.
If you would like to discuss a denial decision, you may contact the Medical Director at 818-265-0800 x249.

☐ Approved ☐ Pend ☐ Denied ☐ Modified Review Date_____

Notes:

CHART NOTES AND LAB/X-RAY RESULTS ARE REQUIRED TO PROCESS REQUEST **09-2015**

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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.

❑ Cardiology chest pain or dysrhythmias-uncontrolled
ICD10: _____ CPT Code: _____

❑ UROLOGY CPT Code: _____
- ❑ Testicular Pain ICD10: _____
- ☐ Acute Obstruction ICD10: _____
- ☐ All Pediatric Urology ICD10: ____

❑ ENDOCRINE For patient with HbA1c > 8
ICD10: _____ CPT Code: _____

❑ GASTROENTEROLOGY
❑ GI bleed ICD10:_____ CPT Code: _____
- ❑ Screening colonoscopy over 50 and none in last 10 years

❑ GENERAL SURGERY CPT Code: _____
- ❑ Breast Mass ICD10:_____ documented by mammo or US
- ❑ Cholecystitis ICD10: _____ with documented stones
- ❑ Cholelithiasis ICD10: _____
- ❑ Hernia-Incarcerated ICD10: ____

❑ Nutritionist for obesity >85 Percentile only or Diabetic Nutrition Counseling
ICD10: _____ CPT Code: _____
See CPT coding guide for correct code for age and line of business.

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

ICD10: _____ CPT Code: _____

❑ RADIOLOGY – ONLY AT CONTRACTED FREE STANDING FACILITY
- ❑ Ultrasound: 76536, 76641, 76642, 76645, 76700-76775, 76830, 76856, 76870, 76872, 76881, 76882, 93970 & 93971
- ❑ Breast-Mammogram Annual (F) 40 -69 OR nodule (77057 or G0202)
- ❑ Musculoskeletal X-Rays
- ❑ Doppler to rule out DVT

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

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

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

Pulmonology for COPD
ICD10: _____ CPT Code: _____

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

❑ OPHTHALMOLOGY
- ❑ Yearly Diabetic Exam
- ❑ Retinal Specialist Only For Acute Retinal Detachment
- ❑ Conjunctivitis

ICD10: _____ CPT Code: _____

❑ PODIATRY (Annual Diabetic Screening ONLY)
ICD10: _____ CPT Code: _____

❑ 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 _____
❑ OB Ultrasound chose one: CPT Code 76801 or 76805 ICD10: _____

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

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

❑ Audiology 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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DIRECT REFERRAL FORM

FAX TO: 800-874-2093

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. 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** 3. 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. 4. 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. 5. 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**