

**DIRECT REFERRAL FORM**

c/o MedPOINT Management  
P.O. Box 571210, Tarzana CA 91357  
Phone: 866-243-8564 ♦ Fax: 866-393-9380

**FORM MUST BE FULLY COMPLETED BY PRIMARY CARE PHYSICIAN'S (PCP) OFFICE.  
AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE INDICATED BELOW.**

DATE:	PCP NAME:	M.D.	PHONE #:
PCP ADDRESS:			
PCP NPI NUMBER:	FORM COMPLETED BY: NAME: PHONE #:		
PATIENT NAME:	HEALTH PLAN:	ID #:	
PATIENT ADDRESS:			
PATIENT DOB:	PHONE:		
DIAGNOSIS:			ICD 10 CODE:
REASON FOR REFERRAL:			
SPECIALTY PROVIDER:			SPECIALTY TYPE:
SPECIALTY PROVIDER ADDRESS:			PHONE:

**SERVICE AUTHORIZED: ONE INITIAL EVALUATION****CPT CODE 99243: MEDI-CAL LINE OF BUSINESS****CPT CODE 99203: COMMERCIAL & MEDICARE LINE OF BUSINESS****THIS FORM MAY ONLY BE USED FOR THE SPECIALTY CATEGORIES BELOW:**

<input type="checkbox"/> <b>GASTROENTEROLOGY</b> Coast Gastroenterology Medical Group	<input type="checkbox"/> <b>GENERAL SURGERY</b> Shorr, Smith, Hurst MDs	<input type="checkbox"/> <b>GYNECOLOGY</b> Initial Visit
<input type="checkbox"/> <b>HEMATOLOGY / ONCOLOGY</b> California Hematology/Oncology	<input type="checkbox"/> <b>OBSTETRICS *</b>	<input type="checkbox"/> <b>OPHTHALMOLOGY</b> California Eye and Ear Specialists (CEES)
<input type="checkbox"/> <b>DEXA SCAN</b>  <input type="checkbox"/> <b>OB ULTRASOUND</b>	<b>MAMMOGRAMS</b> Please check criteria in addition to appropriate CPT code <input type="checkbox"/> over age 40, every year <input type="checkbox"/> over age 50, every year <input type="checkbox"/> under age 40, if breast mass palpated	
<b>RADIOLOGY</b>	<input type="checkbox"/> <b>X-RAY</b> <input type="checkbox"/> 70140 Facial Series <input type="checkbox"/> 70210 Sinus; less than 3 Views <input type="checkbox"/> 70220 Sinus; Complete <input type="checkbox"/> 70260 Skull <input type="checkbox"/> 71010 Plain Chest X-ray; 1 View <input type="checkbox"/> 71020 Plain chest X-ray; 2 Views <input type="checkbox"/> 71100 Ribs; 2 Views <input type="checkbox"/> 71110 Ribs; 3 Views <input type="checkbox"/> 71120 Sternum <input type="checkbox"/> 72040 Spine: Cervical <input type="checkbox"/> 72069 Scoliosis Screening	
	<input type="checkbox"/> 72072 Thoracic <input type="checkbox"/> 72100 Spine: Lumbosacral <input type="checkbox"/> 73000 Clavicle; Complete <input type="checkbox"/> 73030 Shoulder; 2 Views <input type="checkbox"/> 73060 Humerus <input type="checkbox"/> 73080 Elbow; 3 Views <input type="checkbox"/> 73090 Forearm; 2 Views <input type="checkbox"/> 73100 Wrist; 2 Views <input type="checkbox"/> 73120 Hand; 2 Views <input type="checkbox"/> 73140 Finger; 2 Views <input type="checkbox"/> 73500 Hip; 1 View	
	<input type="checkbox"/> 73520 Hip; 2 Views <input type="checkbox"/> 73550 Femur; 2 Views <input type="checkbox"/> 73560 Knee; 1 or 2 Views <input type="checkbox"/> 73590 Leg; 2 Views <input type="checkbox"/> 73600 Ankle; 2 Views <input type="checkbox"/> 73620 Foot; 2 Views <input type="checkbox"/> 73650 Heel <input type="checkbox"/> 73660 Toe(s); 2 Views <input type="checkbox"/> 74000 Abdominal; Single (KUB) <input type="checkbox"/> 74022 Abdominal Series; Complete <input type="checkbox"/> 70100, 72100, 73100, 73500, 76100, 71100 Extremity bone films to rule out fracture	

**ALL LAB WORK MUST BE REFERRED TO QUEST DIAGNOSTICS**

**Regarding members 21 years and younger:** This direct referral form is only valid for the initial consultation for services related to CCS eligible conditions. All follow up visits and requests for treatment for CCS conditions require submission of an authorization request and all related medical records.

**PCP** Your member must be referred to an In-Network Provider and utilize contracted facilities and lab, unless indicated above. \* Member may self-refer for sensitive services.  
\* Members may self-refer to Participating GYN providers. Gynecologists can directly refer members for the following services: pelvic ultrasounds, mammograms, DEXA scans, breast ultrasounds.

**Member** Please schedule an appointment and hand carry this form to the specialist. (Favor de programar una cita y llevar esta forma al especialista).  
**Specialist** Member eligibility and benefits must be verified at the time of visit. Copy of form to be given to patient. PCP to enter authorization via MPM Web as Direct Referral or fax authorization to PREMIER PHYSICIAN NETWORK on the same day referral is generated. NOTICE: This form is a guarantee for payment subject to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT'S RESPONSIBILITY. ALL FOLLOW-UP CARE MUST BE PRIOR-AUTHORIZED BY THE UTILIZATION REVIEW DEPARTMENT.**

**Provider Signature:**