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| **CVIPA Logo.jpg** | 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. | |

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| 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: |

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| **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:** | |

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|  | | **GASTROENTEROLOGY**  Coast Gastroenterology Medical Group |  | | **GENERAL SURGERY**  Shorr, Smith, Hurst MDs |  | | **GYNECOLOGY**  Initial Visit |
|  | | **HEMATOLOGY / ONCOLOGY**  California Hematology/Oncology |  | | **OBSTETRICS** \* |  | | **OPHTHALMOLOGY**  California Eye and Ear Specialists (CEES) |
| **RADIOLOGY** | **DEXA SCAN**  **OB ULTRASOUND** | | | **MAMMOGRAMS**  Please check criteria in addition to appropriate CPT code  over age 40, every year  over age 50, every year  under age 40, if breast mass palpated | | | G0202 Mammography; Unilateral View  G0206 Mammography; Bilateral Views  77057 Screening Mammography; Bilateral  (2 Views of each breast) | |
| **X-RAY** | | |  | | |  | |
| 70140 Facial Series  70210 Sinus; less than 3 Views  70220 Sinus; Complete  70260 Skull  71010 Plain Chest X-ray; 1 View  71020 Plain chest X-ray; 2 Views  71100 Ribs; 2 Views  71110 Ribs; 3 Views  71120 Sternum  72040 Spine: Cervical  72069 Scoliosis Screening | | | 72072 Thoracic  72100 Spine: Lumbosacral  73000 Clavicle; Complete  73030 Shoulder; 2 Views  73060 Humerus  73080 Elbow; 3 Views  73090 Forearm; 2 Views  73100 Wrist; 2 Views  73120 Hand; 2 Views  73140 Finger; 2 Views  73500 Hip; 1 View | | | 73520 Hip; 2 Views  73550 Femur; 2 Views  73560 Knee; 1 or 2 Views  73590 Leg; 2 Views  73600 Ankle; 2 Views  73620 Foot; 2 Views  73650 Heel  73660 Toe(s); 2 Views  74000 Abdominal; Single (KUB)  74022 Abdominal Series; Complete  70100, 72100, 73100, 73500, 76100, 71100  Extremity bone films to rule out fracture | |
| **ALL LAB WORK MUST BE REFERRED TO QUEST DIAGNOSTICS** | | | | | | | | |

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| **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. |

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| **Provider Signature:** |