PREMIER PHYSICIAN NETWORK

WESTSIDE DIVISION

DIRECT REFERRAL FORM

c/o MedPOINT Management
P.O. Box 570997, Tarzana CA 91357
Phone: 818-702-**0100** ♦ **Fax: 818**-466-6536

The purpose of this direct referral form is to provide direct access to our specialists without requesting an authorization. In order for this direct referral form to be valid, you must select one of the specialists or services listed on the form. If you do not see a specific provider or service, you must request an authorization. All claims will be reviewed for appropriateness. Authorization is valid for 90 days from date indicated below. ONE SPECIALTY PER DIRECT REFERRAL

PATIENT

PATIENT NAME:	PATIENT DOB:	PHONE:
HEALTH PLAN:	MEMBER ID #:	
PATIENT ADDRESS:		
DIAGNOSIS:	ICD 10 CODE:	REASON FOR REFERRAL:

PROVIDER

PROVIDER / SPECIALIST:	PHONE:	
ADDRESS:	APPT. DATE & TIME:	
PCP SIGNATURE	PCP NAME (Please print):	TODAY'S DATE:

COLORECTAL SURGERY Shorr, Smith, Hurst MDs ☐ 99203 New Patient Visit	GASTROENTEROLOGY West Gastroenterology Group or Coast Gastroenterology Medical Group ☐ 99203 New Office Visit ☐ 45331 Screening Sigmoidoscopy	GENERAL SURGERY Shorr, Smith, Hurst MDs ☐ 99203 New Office Visit
OPHTHALMOLOGY California Eye & Ear Specialists (CEES) ☐ 99204 New Office Visit ☐ 92012 Follow-up Exam	PODIATRY Airport Podiatry Group or Far West Podiatry Group ☐ 99203 New Patient Visit	

ALL RADIOLOGY, MAMMOGRAMS AND ULTRASOUNDS MUST BE REFERRED TO UNITED MEDICAL IMAGING (UMI)

RADIOLOGY

DEXA SCAN
- ☐ post-menopausal female, every 2 years
- ☐ any patient within 6 months of any fracture

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)

ULTRASOUND
- ☐ 74290 to rule out Cholelithiasis
- ☐ 76641 - 76642 Breast Mass (if recommended after mammogram findings)
- ☐ 76970 Breast Mass Follow-Up

X-RAY

☐ 70140 Facial Series	☐ 72072 Thoracic	☐ 73520 Hip; 2 Views
☐ 70210 Sinus; less than 3 Views	☐ 72100 Spine: Lumbosacral	☐ 73550 Femur; 2 Views
☐ 70220 Sinus; Complete	☐ 73000 Clavicle; Complete	☐ 73560 Knee; 1 or 2 Views
☐ 70260 Skull	☐ 73030 Shoulder; 2 Views	☐ 73590 Leg; 2 Views
☐ 71010 Plain Chest X-ray; 1 View	☐ 73060 Humerus	☐ 73600 Ankle; 2 Views
☐ 71020 Plain chest X-ray; 2 Views	☐ 73080 Elbow; 3 Views	☐ 73620 Foot; 2 Views
☐ 71100 Ribs; 2 Views	☐ 73090 Forearm; 2 Views	☐ 73650 Heel
☐ 71110 Ribs; 3 Views	☐ 73100 Wrist; 2 Views	☐ 73660 Toe(s); 2 Views
☐ 71120 Sternum	☐ 73120 Hand; 2 Views	☐ 74000 Abdominal; Single (KUB)
☐ 72040 Spine: Cervical	☐ 73140 Finger; 2 Views	☐ 74022 Abdominal Series; Complete
☐ 72069 Scoliosis Screening	☐ 73500 Hip; 1 View	☐ 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.