

Pre-Certification Referral Form

Please complete all sections and fax with all clinical records to support medical necessity to:

Standard fax: (626)283-5021 or (888)910-4412

Urgentfax: (866) 811-0455

CMS Defines an expedited request as a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.

A. MEMBER INFORMATION:

Member Name: (Last, First, Middle)	Member ID Number #	Date of Birth	
Primary Care Physician (PCP)	Provider / NPI ID #	Phone Number	Fax Number
Referring Physician	Provider / NPI ID #	Phone Number	Fax Number

B. ICD-10-CM DIAGNOSIS CODE:

	<u>CODE</u>	<u>DESCRIPTION</u>
Primary		
Secondary		
Other		
Other		

C. CPT/HCPCS CODE:

	<u>CODE</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>UNITS</u>
1)				
2)				
3)				
4)				

D. REFERRED TO PHYSICIAN / ANCILLARY / FACILITY:

REFERRAL PRIORITY: ☐ STANDARD ☐ URGENT

Urgent referrals are only to be submitted if the normal time frame for authorization will 1) be detrimental to the patient's life or health, jeopardize patient's ability to regain maximum function, or 3) result in loss of life, limb, or other major bodily function. All referrals not meeting urgent criteria will be downgraded to a routine referral request and follow routine turn-around times.

Referred to Physician	Provider / NPI ID #	Phone Number	Fax Number
Referred to Physician Address	Name and Direct Contact # completing this form		
Referred to Ancillary/Facility	Facility / NPI ID #	Phone Number	Fax Number
Referred to Facility Address			

E. SERVICE INFORMATION:

<input type="checkbox"/> Office	<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Outpatient Hospital	Requested Date of Service Scheduled Admit Date
<input type="checkbox"/> Home	<input type="checkbox"/> DME	<input type="checkbox"/> Inpatient/Acute	
<input type="checkbox"/> Rehab/LTAC			<input type="checkbox"/> SNF

Payment for referred services is subject to plan benefits and member eligibility at time of service.
Do not combine multiple requests for different specialties in a single fax.

National Drug Code (NDC):

(The NDC of the requested medication is required for proper adjudication and billing purposes. Requests submitted without the NDC will be considered incomplete and may result in processing delays or denials.)