



DIRECT REFERRAL

No authorization number is required for payment.

Electronic Claims Clearinghouse: Change Healthcare & Office Ally;

Submitter I.D.: 95422

Patient Name: _____ DOB: _____

Current Address: _____ Phone Number: (_____) _____

Member ID: _____

Diagnosis: _____ Diagnosis Code: _____

Provider/Specialist	Address & Telephone Number	Appointment Date & Time

PCP Name: _____ Signature: _____ Date: _____

The specialty consultation services listed below can be referred directly to the specialist ***without a prior authorization number***. Your patients must see ***in-network*** providers/physicians and utilize contracted facilities shown on your current provider roster. Please give this direct referral form to your patient to make the appointment and ask that he or she bring this form to the requested specialist/facility. **Procedures such as, but not limited to, surgeries, colonoscopies, imaging guided procedures and device placements require prior authorization.**

<p>Cardiology Office Evaluation & Follow-Up Visits EKG</p> <p>Dermatology Office Evaluation & Follow-Up Visits Biopsy (punch and shave) Skin Cryotherapy</p> <p>Gastroenterology Initial Consultation & Follow-Up Visits Screening Colonoscopy for members age 45+</p> <p>General Surgery Initial Consultation & Follow-Up Visits</p> <p>Hematology/Oncology Initial Consultation & Follow-Up Visits</p> <p>Neurology Initial Consultation & Follow-Up Visits</p> <p>Ophthalmology Initial Consultation & Follow-Up Visits Yearly Diabetic Eye Exam</p> <p>NOTE: <u>All lab work must be referred to LabCorp.</u></p>	<p>Optometry (verify benefits) Initial Consultation Routine Eye Exam – one per year or change in Rx (verify benefits) Glasses/Frames/Lens (verify benefits) Refraction (verify benefits) Dispensing (verify benefits)</p> <p>Orthopedic Initial Consultation & Follow-Up Visits, including X-rays in office, if required</p> <p>Pain Management Initial Consultation & Follow-Up Visits</p> <p>Podiatry Initial Consultation & Follow-Up Visits, including flat X-rays in office, if required</p> <p>Urology Initial Consultation & Follow-Up Visits</p> <p>Radiology – <u>Must use contracted facilities only.</u> Preventative, x-ray, ultrasounds and single/flat view studies)</p> <p>*CT scans, MRIs, PET scans, Bone Density scans (for women <65y & men <70y) and nuclear imaging <u>require prior authorization.</u></p>
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- Eligibility:** Member must be eligible at the time of visit. To verify eligibility for PHC California (Medi-Cal Managed Care Plan) call (800) 263-0067.
- Benefits:** Member must have appropriate benefit level at the time of visit. Provider of service must verify benefits.
- Signature:** Direct Referral Form must be signed by the referring primary care provider.
- Provider:** The provider to whom member is referred must be an in-network provider and **utilize contracted facilities.**
- Time:** This referral is effective for ninety (90) days from the date issued for initial visit. Standing referrals for conditions that require specialized medical care over a prolonged period of time and is life-threatening, degenerative, or disabling are valid for 1 year.