## **PROVIDER Bulletin**



March 27, 2018			
This Provider Bulletin ap	plies to the lines of business a	nd provider types checked below:	
PHP (Medicare)	Primary Care Physicians	Specialists	
PHC (Medicaid)	Ancillary	Hospitals	

## **Direct Referral**

An "authorization" is not required for a participating Primary Care Practitioner (PCP) to refer a Plan Member to a participating specialist for consultation and related treatment. A Direct Referral may be written for up to three (3) visits and is valid up 90 days. <u>Diagnostic procedures, tests and treatment requiring "authorization" must</u> be requested by the specialist/treating provider and not the PCP.

To locate a participating network specialist of PHP (Medicare Advantage Part D plan) or PHC (Medicaid Reform HMO) please access the Plan's on-line **Network Provider/Facility/Pharmacy Search** tool located on our website: <a href="https://www.positivehealthcare.org">www.positivehealthcare.org</a>.

Participating PCPs, we ask that you use the below Director Referral Form to communicate referrals to participating network specialists. If you need to refer to a specialist who is not in our network, please fax your request to 877-243-3536.

The below Direct Referral Form may be downloaded from our website <u>www.positivehealthcare.org</u> under the Publication and Forms tab.

DIRECT REFERRAL  No authorization number is required for payment.  Paper Claims Department, PHP & PHC, P.O. 8ox 7490, La Verne, CA 91750  Electronic Claims: Clearinolouse: Emdoen: Submitter 1.D.: 95411							
Patient Name:		DOB: _	DOB:				
Current Address:			Phone Number: ()				
Member ID:							
Diagnosis:			Diagnosis Code:				
Provider/S	pecialist	Address & Telephone Number		Appointment Date & Time			
PCP Name:		Signature:		Date:			
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This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to Remon.Walker@phcplans.org





## **DIRECT REFERRAL**

No authorization number is required for payment.

Paper Claims Department, PHP & PHC, P.O. Box 7490, La Verne, CA 91750 Electronic Claims: Clearinghouse: Emdeon; Submitter I.D.: 95411

Patient Name: Current Address:			DOB: _	DOB:		
			Phone Number: ()			
Member ID:						
Diagnosis:			Diagnosis Code:			
Provider/S	pecialist	Address & Telep	hone Number	Appointment Date & Time		
PCP Name:		Signature:		Date:		
his direct referral form pecialist/facility. <b>Proce</b>	to your patient to mak	e the appointment, and ot limited to, surgeries,	ask that he or she bri	n your current provider roster. Please give ng this form to the requested ging guided procedures and device		
Cardiology	•	(	Optometry (verify benef	its)		
☐ Office Evaluation	☐ Follow-Up Visit(s) x		□ Office Evaluation			
□ EKG	□ Treadmill Stress Test		☐ Routine Eye Exam – one per year or change in Rx (verify benefits)			
<ul> <li>Nuclear Stress Test</li> </ul>			☐ Glasses/Frames/Len			
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☐ Office Evaluation	☐ Follow-up Visit(s) x		☐ Z2930 Dispensing (verify benefits)			
☐ Biopsy		•	Orthopedic			
Gastroenterology	_ = "			cluding X-rays in office, if required		
☐ Office Evaluation	☐ Follow-up Visit(s) x		☐ Follow-Up Visit(s), including X-rays in office, if required x			
General Surgery			Pain Management			
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	idding A-rays in Office, if i		Podiatry	equires Prior Authorization		
lematology/Oncology  ☐ Office Evaluation	☐ Follow-Up Visit(s) x		•	cluding V rays in office if required		
leurology	- Follow-op visit(s) x		<ul> <li>□ Office Evaluation, including X-rays in office, if required</li> <li>□ Follow-Up Visit(s), including X-rays in office, if required x</li> </ul>			
<b>J</b> ,	☐ Follow-Up Visit(s) x	,	Psychiatry/Psychology	reducing X rays in office, it required X		
Ob/Gyn	= 10110W Op VISIT(3) A	`		☐ O/P Follow-Up Visit(s) x		
In Network, <b>no referral required</b>			Urology			
Out of Network, prior auth required				☐ Follow-Up Visit(s) x		
phthalmology		1		contracted facilities only.		
☐ Office Evaluation, Yea☐ Follow-Up Visit(s) x	rly Diabetic Eye Exam					
Other			·			
☐ Office Evaluation	☐ Follow-up Visit(s) x		☐ Mammogram			
	cc up +isit(s) x		☐ Bone Density			
				cans and nuclear imaging <u>require prior</u>		
NOTE: All lab work	must he referred to	LabCorn	authorization.			

Eligibility: Member must be eligible at the time of visit. To verify eligibility for PHP (HMO SNP) (Medicare Advantage and Prescription Drug Plan) or

PHC Florida (Medicaid HMO plan) call (855) 318-4387.

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 and two (2) follow-up visits. Additional visits, or visits after

90 days, require prior authorization.