

Pre-Certification Referral Form

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

Standard fax: (806) 553-7319

Urgent fax: (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:

C. CPT/HCPCS CODE:

	CODE	DESCRIPTION		CODE	DESCRIPTION	QTY	UNITS
Primary	_____	_____	1)	_____	_____	_____	_____
Secondary	_____	_____	2)	_____	_____	_____	_____
Other	_____	_____	3)	_____	_____	_____	_____
Other	_____	_____	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
<input type="checkbox"/> Home	<input type="checkbox"/> DME	<input type="checkbox"/> Inpatient/Acute	Scheduled Admit Date
	<input type="checkbox"/> Rehab/LTAC	<input type="checkbox"/> SNF	