

Patient Name:		Date:	
Patient Health Plan ID#:		Date of Birth:	
Patient Plan:	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> AIM	
County of San Joaquin Select:	<input type="checkbox"/> Medcore	<input type="checkbox"/> Sutter	<input type="checkbox"/> HCS
County of San Joaquin:	<input type="checkbox"/> Premier	<input type="checkbox"/> Retiree (w/out Medicare)	<input type="checkbox"/> Plan C
Referring PCP Physician/Clinic/Group:		Referring PCP Physician/Clinic/Group NPI (required):	
Diagnosis:			
Specialty Requested:		Specialist Physician/Clinic/Group Requested:	

Symptoms to be addressed:

Specialist Requirements for Reimbursement

1. Specialist must be participating in member's Plan (Check DRE or call HPSJ or SJHA)
2. SJHA Select referrals must be made within the selected group (Sutter, Medcore, HCS)
3. Specialist must check patient eligibility status at time of service
4. Specialist must include referring physician name and NPI# on claims submittals
5. This form is only for Evaluation and Management (E&M) codes.
6. Out-of area referrals & (Tertiary Care), out of network referrals and bariatric surgery require prior authorization
(Use this form for E&M codes for Children's Oakland/Children's Madera clinics in Modesto. If procedures are performed at these clinic sites, authorization is required).

NOTE: Behavioral Health:

- **Medi-Cal** – Refer to participating BH Specialist for initial assessment. First 12 visits do not require PA (initial assessment and 11 follow up visits for mild/moderate conditions). Subsequent visits require treatment plan and will be authorized based upon medical necessity.
For Inpatient Services Refer to County Behavioral Health.
- **BH Specialist**-please use HPSJ BH Coordination form as communication between HPSJ and County BH.
- **SJHA: Counseling (non psychiatric)** - Refer or self refer to contracted provider. First 6 visits do not require PA. Subsequent visits require treatment plan and continuing treatment will be reimbursed based upon medical necessity.
Psychiatric Services: Refer or self refer to contracted physician. First 2 adult (3 for children) visits do not require PA. Subsequent visits require treatment plan and continuing treatment will be reimbursed based upon medical necessity.
Podiatry Services require prior authorization (PA).

CCS Coverage may apply to individuals under 21 for any of the following conditions:

Please refer CCS conditions to CCS at (209) 953-3600 ~or~ call HPSJ or SJHA at (209) 942-6340 for additional information.

Specialist Referral Form

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| <ul style="list-style-type: none">• Accidents, poisonings, violence and immune reactions• Fractures of skull, spine, pelvis or femur requiring treatment• Burns, foreign bodies, poisonings, overdoses• Infectious Disease (congenital, osteo, and CNS or eye with complications)• Neoplasms• Endocrine and metabolic diseases (includes diabetes)• Diseases of blood (e.g. sickle cell anemia, bleeding disorders)• Nervous system disease causing disability (e.g paresis, paralysis, ataxia)• Eye disease leading to blindness or strabismus surgery• Ear disease requiring tympanoplasty or causing hearing loss, cholesteotoma, mastoiditis | <ul style="list-style-type: none">• Diseases of the circulatory system (i.e. heart or vessels)• Respiratory Disease (chronic) excludes asthma• Digestive system disease (e.g. cholecystitis, chronic liver disease, inflammatory bowel disease)• Genitourinary conditions (e.g. nephrolithiasis, hydronephrosis, other chronic conditions)• Diseases of the skin if disfiguring, disabling or requiring reconstructive surgery• Musculoskeletal Disease if chronic includes orthopedic conditions requiring extensive intervention• Neonatal intensive care requiring significant intervention |
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Referral valid for 12 months from date of this referral, contingent on patient eligibility with Health Plan of San Joaquin or employer-sponsored health plan administered by SJHA