REFERRAL AND SERVICE REQUEST FORM

INSTRUCTIONS

- If the patient requires urgent services, please contact us by telephone at (800) 224-7766. Urgent Services are services that are required to prevent serious deterioration of health following the onset of an unforeseen condition or injury and has the potential to become an emergency in the absence of treatment. A condition is urgent when our routine timeframe for making a determination would be detrimental to the patient's life or health or could jeopardize his/her ability to regain maximum function.

- All services require prior authorization **except** the following:

  - emergency services and out-of-Service Area urgent services
  - services designated as "sensitive services" or "freedom of choice" by the Medi-Cal program including
    - family planning
    - treatment of sexually transmitted disease (STD)
    - human immunodeficiency virus (HIV) testing
  - routine OB/GYN services and basic prenatal care through network practitioners
  - services listed on CHG's "Services That Do Not Require Prior Authorization" published in CHG's Provider Manual

- Please note the following regarding California Children Services (CCS):

  - CHG will accept a completed CCS Application in place of our Referral and Service Request Form
  - You do not have to submit a request when you are aware that the requested service is related to a condition for which the member has an open CCS case and the provider of service is linked to that case.
  - CCS services must be provided by a CCS-paneled provider and requested prior to services being rendered.

- Billing Instructions:

  - Claims for services should be submitted within 120 days from the date of service by using the Electronic Claims Submission (EDI) or in paper form to:
    If you are interested in submitting EDI, please contact our EDI manager.

    Community Health Group
    Medi-Cal Claims
    P.O. Box 210100
    Chula Vista, CA 91921

    Community Health Group
    Cal MediConnect Claims
    P.O. Box 210157
    Chula Vista, CA 91921

  - All claims must be submitted on a CMS 1500 or UB92 and include:
    - patient's name
    - social security number
    - patient's zip code
    - diagnosis
    - procedure code
    - Billed Amounts
    - date of birth
    - CHG authorization number
    - date(s) of service
    - name of facility / Provider (when applicable)
    - Tax ID

  - Please call CHG's Provider Services Unit at (619) 498-6498 for claims or billing questions.

Community Health Group

CHG Use Only
Data Entry #:

REFERRAL AND SERVICE REQUEST FORM

PHONE 1 (800) 224-7766 **FAX 1 (800) 870-8781**

☐ Routine ☐ Urgent (Referral is considered Urgent when the member's life, health or ability to regain maximum function is seriously jeopardized, based on the prudent layperson's judgment or when the patient's practitioner determines that the member would be subjected to severe pain that cannot be adequately managed without the care that is being requested). ☐ Standing Referral

Please fill out this form legibly and completely. Incomplete requests may be returned.

Updated clinical documentation is required. For CCS cases, provide completed copy of CCS application.

Today's Date: ☐**CCS** ☐**Medi-Cal** ☐ **Cal MediConnect (CMC)**

Patient's Name: ---------- ID#: ---------- DOB: ----------

Current: Address: ----------

Telephone Number: ---------- Alternate Telephone Number: ----------

Type of Referral or Service Requested:

☐ Outpatient ☐ Inpatient ☐ Home Health

☐ DME ☐ In-Office Procedure

Primary diagnosis **ICD-10** code: _____

Secondary diagnosis ICD-**10** code: _____

Specialty Type:	Contracted Provider Being Requested: Phone # Fax #	Facility or Vendor:

Description of service(s) requested:	**CPT** or **HCPCS** codes	Number of Units

(Complete information needed for timely processing)

Referring Provider: _____ **Office Contact:**_____

Phone Number (ext.): _____ **Fax#**_____

Determination will be based on eligibility and plan benefits at the time services are rendered.

PLEASE DO NOT RESUBMIT REFERRAL UNLESS INSTRUCTED BY CHG

Reviewed: 10/01/2015