

## Specialist Referral Form

<b>Patient Name:</b>		<b>Date:</b>	
<b>Patient Health Plan ID#:</b>		<b>Date of Birth:</b>	
<b>Patient Plan:</b>	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> AIM	
<b>County of San Joaquin Select:</b>	<input type="checkbox"/> Medcore	<input type="checkbox"/> Sutter	<input type="checkbox"/> HCS
<b>County of San Joaquin:</b>	<input type="checkbox"/> Premier	<input type="checkbox"/> Retiree (w/out Medicare)	<input type="checkbox"/> Plan C
<b>Referring PCP Physician/Clinic/Group:</b>		<b>Referring PCP Physician/Clinic/Group NPI (required):</b>	
<b>Diagnosis:</b>			
<b>Specialty Requested:</b>		<b>Specialist Physician/Clinic/Group Requested:</b>	
<b>Symptoms to be addressed:</b>			
<b>Specialist Requirements for Reimbursement</b>			
<ol style="list-style-type: none"> <li>1. Specialist must be participating in member's Plan (Check DRE or call HPSJ or SJHA)</li> <li>2. SJHA Select referrals must be made within the selected group (Sutter, Medcore, HCS)</li> <li>3. Specialist must check patient eligibility status at time of service</li> <li>4. Specialist must include referring physician name and NPI# on claims submittals</li> <li>5. This form is only for Evaluation and Management (E&amp;M) codes.</li> <li>6. Out-of area referrals &amp; (Tertiary Care), out of network referrals and bariatric surgery require prior authorization (Use this form for E&amp;M codes for Children's Oakland/Children's Madera clinics in Modesto. If procedures are performed at these clinic sites, authorization is required).</li> </ol>			
<p><b>NOTE: Behavioral Health:</b></p> <ul style="list-style-type: none"> <li>• <b>Medi-Cal</b> – 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.</li> <li>• <b>BH Specialist</b>-please use HPSJ BH Coordination form as communication between HPSJ and County BH.</li> <li>• <b>SJHA: Counseling (non psychiatric)</b> - 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. <b>Podiatry Services</b> require prior authorization (PA).</li> </ul>			
<b>CCS Coverage may apply to individuals under 21 for any of the following conditions:</b>			
Please refer CCS conditions to CCS at (209) 953-3600 ~or~ call HPSJ or SJHA at (209) 942-6340 for additional information.			

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- 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

- 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

**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**