

GOLDEN SHORE MEDICAL GROUP

Sacramento - 2018 Direct Referral Form

The purpose of this Direct Referral Form is to provide direct access by our patients to selected services without the need to request prior authorization

(1) PCP: Sign and give patient a copy of direct referral.

(2) It is not necessary to wait for a prior authorization for direct referral services.

(3) Fax this form immediately to NMM to the appropriate fax number for processing. **626-943-6320**

(4) Services will be covered only if provided by a Golden Shore Medical Group contracted provider.

CONTRACTED PROVIDER/FACILITY: (This Direct Referral Form is only valid for services listed on this form.)

PLEASE VERIFY MEMBER ELIGIBILITY ON DATE OF SERVICE

PATIENT	Patient Name	DOB	Member ID
	Health Plan	*ICD-10 Code (REQUIRED)	
	Diagnosis (REQUIRED)		

PROVIDER	Provider/Specialist	Phone Number
	Address	Appointment Date & Time
	*PCP/SPC Signature (REQUIRED)	PCP/SPC Name (Required) (Please Print)

GOLDEN SHORE CLINIC -
3946 Norwood Ave. Sacramento
7777 Sunrise Bl.#2500, Citrus Heights
PAIN MANAGEMENT

Integrative Sports & Spine

- Consultation (Medi-Cal-99243)
- Consultation (Comm., Medicare-99203)

ICD-10 _____

OB/GYNECOLOGY

- Well Woman Exam
- Total OB Care (59400)

ICD-10 _____

FAMILY PLANNING

- Elective Abortion (59840) 0-12 wks
- LMP _____ (required)

ICD-10 _____

NEUBILIZER

- Neubilizer (E0570)
- For Asthma Treatment
- *One every five (5) years only*
- Last Received Neubilizer _____/_____/_____

ICD-10 _____

HEALTH EDUCATION

- DM Group (G0109) (30 min)
- DM Individual (G0108) (30 Min)
- Diet Group (97804) (30 Min)
- Diet Individual (97803) (30 Min)

ICD-10 _____

GOLDEN SHORE SACRAMENTO CLINICS
BEHAVIORAL HEALTH

- Initial Assessment (90791)
- ICD-10 _____

***GASTROENTEROLOGY**

***Consultation for to GI for Colonoscopy screening; Patients 50 yrs of age and over only:**

- Consultation (Medi-Cal, 99243)
- Consultation (Comm., Medicare, 99243)

ICD-10 _____

***PODIATRY**

***Only for Diabetic Patients;**
DX: E10.xx or E11.xx

- Office Visit (99203)
- Debride Nail 1-5 (11720)
- Debride Nail >6 (11721)

ICD-10 _____

***OPHTHALMOLOGY**

Only for Diabetic Patients;
DX: E10.xx or E11.xx

- Eye Exam New Pt (92004)
- Eye Exam Established Pt (92012)

ICD-10 _____

***ORTHOPEDICS –FRACTURE CARE ONLY**

- Consultation (Medi-Cal-99243)
- Consultation (Commercial, Medicare-99203)
- Follow up visit (99213)
- Casting & Supplies (Q4006, Q4008, Q4010, Q4030, Q4038)
- X-Ray(s) Plan Film

ICD-10 _____

For children, please refer patients to CCS paneled Orthopedic providers only

RADIOLOGY

- X-Rays
- OB Ultrasound (76801, 76802)
- Mammography (77067, 77066, 77065)

ICD-10 _____

***Direct Referral services are only valid for patients with the indicated criteria.**

****ALL SERVICES MUST BE PERFORMED BY IN-NETWORK SPECIALISTS/PROVIDERS****

Golden Shore Medical Group is not responsible for services referred to non-contracted/out of network providers. It is the responsibility of the PCP and treating provider to ensure services are rendered by in-network (contracted) providers only.

Direct Referral services are limited to the services indicated on this Direct Referral Form. For the direct referral categories with specific criteria such as condition or age, Golden Shore Medical Group will not be responsible for claims payment if services rendered are outside of the criteria specified.

All other Ancillary or Specialty care not indicated, require prior authorization.

Treating Provider: This Direct Referral is only valid if it is signed and dated by the patient's Primary Care Physician. Also, check the member eligibility at the time of services. Golden Shore is not responsible for services if the member is ineligible.

PCP: Please give this Direct Referral Form to your patient prior to scheduling an appointment. The form must be signed and dated by you, otherwise this form is not valid.

Member: Please call to schedule your appointment and hand carry this form during your appointment.