



Managed By:
Physicians DataTrust
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Instructions for the St. Vincent IPA Injectable Referral Form

The following outlines instructions for use of the Injectable Referral Form. These required fields are data that is important in processing your referral in timely fashion. This form is to be used when requesting authorization for an injectable medication only.

Here are the HIGHLIGHTS on the new form:

- **Section A**

- You must complete date the referral was requested.

- You must check Emergent, Routine or Urgent.

- Emergent (pre certification):** Fax referral form and contact St. Vincent IPA UM Department and inform them that you are in need of a decision to be made within 2–4 hours. Remember the patients' medical condition/diagnosis must need an emergent determination.

- Urgent (pre certification):** Mark this box if you are in need of a decision to be made within 1 calendar day. Remember the patients' medical condition/diagnosis must need an urgent determination.

- Routine (concurrent):** Mark this box if the patient's condition/diagnosis is routine in nature. We will process the referral within 2 working days of obtaining necessary information. After determination is made St. Vincent IPA will notify you of the decision within 24 hours.

- **Section B**

- You must complete **ALL** patient demographic information

- PATIENT DEMOGRAPHICS:** This part of the form consists of information found within the patient's medical record. Make sure to verify this information with the patient during their office visit. All areas should be completed.

- **Section C**

- You must complete all provider information requested.

- **Referring provider must sign the form**

- Referred From:** Complete this portion with information about your own office. Remember that the signature of the referring provider is mandatory. If this is left blank it will be incomplete and the referral will be returned.

- **Section D**

- **This section must be reviewed by physician prior to submission.**

- You must write in the diagnosis and enter the ICD-9 code.

- Diagnosis & ICD-9:** Required fields. This section assists in determining medical necessity. Make sure that the diagnosis does not reflect the type of symptoms the patient is having, but rather the current and overall diagnosis



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- **Section D Continued**

→ You must give a specific reason as to why the drug is needed.

Reason for referral: This space is provided to allow documentation to support the procedure/service requested. Examples of acceptable documentation would include: duration of symptoms; treatment(s) to date; duration of treatment(s) and outcome of treatment(s).

Attachment: If necessary, submit any additional clinical documentation supporting medical necessity for the medication along with the form. Make sure to check the appropriate box.

- **Section E**

→ If the drug is to be administered in office, a CPT-4 Code for an office visit must accompany the CPT-4 code for the injectable.

→ You must complete this section for each injectable being requested.

→ You must complete the Drug Administered By section by checking a box.

- **When complete please fax to the UM Department for processing. Please note: If injectable referral form is not complete, it will be faxed back to your office for completion of missing information.**

FOR USE BY MEDICAL GROUP/ IPA MEDICAL GROUP, INC. UM STAFF ONLY:

This portion of the form allows for complete and concise UM review.

Please notify member today of referral status: Please remember to complete this section. Policy states it is the responsibility of the office staff personnel **that initiated the referral** to notify the patient of the referral status. Document on your copy of the referral form the date, time and name of the person notifying the member and file in the patient's chart.

- **Section F**

You must complete this section once the patient is informed of approval.

Certification does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions. This certification is good for ninety (90) days from the approval date. Remember that the referral is approved for 90days. This allows the patient enough time to access his/her Specialists.

Please make copies of the Injectable Referral Form for your office and begin using immediately.

Thank you for your cooperation.