

Imperial Health Plan of the Southwest, Inc. requires a copy of this direct referral form to be submitted with the claim for payment. Services must be rendered by an Imperial Health Plan of the Southwest, Inc. contracted provider.

Direct Access Referral Form

Complete all sections of the form and give the original to the member. No additional authorization is needed. Retain copy in patient records.

**Imperial may request medical records for validation in the event that services billed exceed 3 episodes in a calendar year, or are billed with the highest or second highest CPT code in a series.**

***Member Information***

**Full Name Date of Birth \_ Gender** **M ** **F**

£

£

**Phone Number Health Plan Member ID# \_**

**PCP Name PCP Phone # \_ PCP Fax # \_**

***Diagnosis***

**ICD code \_ Dx description ICD code Dx description \_**

***Requested Specialist/Provider***

**Name \_ Specialty**

**Address City State \_ Zip Code**

 **Phone # \_ Fax #**

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**\* CMS discontinued recognition of consultation codes (99241–99245 and 99251–99255) for Medicare payment effective January 1, 2010. Codes 99244–99245 should only be used for Medicaid or Exchange (ACA) members.
• For Medicaid, 99244–99245 are reimbursed at a higher rate than 99204–99205.
• For Exchange, 99244–99245 are reimbursed at a lower rate than 99204–99205.**

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# Referring Provider Signature Date Referring Provider Phone # Fax#

**Print name**

This form does not guarantee payments by Imperial Health Plan of the Southwest, Inc. Responsibility for payment shall be subject to member’s eligibility, benefit limitations and the interpretations of benefits under applicable subrogation and coordination of benefit rules. This form is not considered valid if not signed by requested provider. Imperial Health requires a copy of this direct referral form to be submitted with the claim for payment. Services must be rendered by an Imperial Health Plan of the Southwest, Inc**.** contracted provider.

REVISION DATE: 3/28/2025