MDX Hawai'i
SPECIALTY REFERRAL REQUEST FORM

CONIFER HEALTH SOLUTIONS®
FAX (808) 532-6999

PRIOR APPROVAL IS REQUIRED FOR REFERRALS TO A SPECIALIST OR FOR SPECIALTY CARE.
HUMANA HMO MEMBERS ONLY.

Today's Date: _____ **PLEASE PRINT LEGIBLY**

Section 1: Requesting Provider

Provider's Name:_____ **Specialty**:_____

Address/Location: _____

Contact Name:_____ **Phone #**_____**Fax #**_____

Section 2: Patient Information

Patient Name: _____ **Date of Birth**: _____

Member ID #:_____ **Sex:** ☐ **Male** ☐ **Female**

Home Address: _____

City, State & Zip code: _____

Best Contact Phone # *(required)*:

Section 3: Referred To Provider

****Referred To Provider must be an MDX Hawai'i participating provider. If not, provide explanation for out-of-network referral.***

Provider's Name: _____ **Tax ID#**_____ **Specialty:** _____

Address/Location *(required)*: _____

Contact Name:_____ **Phone #**_____**Fax #**_____

Is this provider an MDX Hawai'i participating provider? ☐ Yes ☐ No, please provide explanation below

Reason for out-of-network referral: _____

_____

Section 4: Consultation and/or Follow-up

Date of Service **From:**_____ **To:** _____

☐ 99201	☐ 99202	☐ 99203	☐ 99204	☐ 99205
☐ 99211	☐ 99212	☐ 99213	☐ 99214	☐ 99215

****Do not add procedure codes. If you are requesting services, use the PRIOR AUTHORIZATON REQUEST FORM.***

ICD-10 Code(s)	Diagnoses Description

Note: Please attach clinical notes or documentation of medical necessity.

☐ **Check box if you would like to request a peer-to-peer conversation with an MDX Hawaii Physician Reviewer <u>before</u> a determination is made.** *We will contact you to arrange a date and time for your dialogue with our Medical Reviewer. Or, call us at* ***(808) 426-7617*** *to schedule and provide best contact date(s)/time(s) and phone number of the Provider.*

THIS REFERRAL DOES NOT GUARANTEE PAYMENT OF NON-COVERED SERVICES. COVERAGE IS DEPENDENT ON THE HMO MEMBER'S ELIGIBILITY AND PLAN BENEFIT AT THE TIME OF SERVICE. ALL SERVICES ARE SUBJECT TO MEDICAL NECESSITY REVIEW.