



Frequently Asked Questions (FAQs) about Referral Authorization Forms (RAFs)

1. What is a RAF?

A RAF is a referral form used by a Primary Care Provider (PCP) to carry out his/her case management role. It is to be used to refer case managed members for medically necessary services not generally provided by the PCP. Each RAF can only be used once and should contain diagnostic and treatment orders for only one patient.

2. Who issues a RAF?

The member's PCP.

3. Can *any* PCP issue a RAF?

No. RAFs are only valid if they are written by the member's current PCP or one of the PCP's designated Call Group associates.

4. Who needs a RAF?

In general, all case managed members must have a referral for services rendered by someone other than the member's PCP, their PCP's designated Call Group associate, or any PCP after standard business hours (after 5pm Monday-Friday or weekends). Providers should refer to "When RAFs Are Not Required" for exceptions.

5. How to submit a RAF? **Electronic RAF (eRAF)** – PCPs can submit referrals online by using the eRAF feature located on our website under Providers

Only>>Authorizations. When this feature is used, the Referral Provider is immediately notified by email that a referral has been issued and may access it by visiting our website. Referrals submitted using the eRAF are not only the easiest and fastest way to submit a referral, but eRAF also helps eliminate errors and incorrect information that can cause the denial or delayed payment of claims. **Paper RAFs** – PCPs complete Section 1 of the RAF and send it to the Referral Provider. The Referral Provider is responsible for completing Section 2 of the RAF and submitting it to CenCal Health. We encourage Referral Providers to complete and submit the RAF as soon as they receive one from the PCP to help ensure the claim does not deny or pend because the RAF has not yet been processed at the time of the claim submittal.

6. Which copy of the four-part paper RAF is mine?

- **White copy** – submitted to CenCal Health by the Referral Provider for processing. A photocopy of the RAF must be attached to a Treatment Authorization Request (TAR) or Medical Authorization Request (AR) form when necessary.
- **Blue copy** – the Referral Provider retains this copy for his/her records.
- **Green copy** – the PCP retains this copy for his/her records.
- **Pink copy** – the Referral Provider can return this copy to the PCP with a treatment plan, a summary of findings, or recommendations.

7. How long is a RAF valid?

Each RAF completed by the PCP should contain a specific date indicating when the

treatment or service can start and when it should end. If there are no specific authorization dates, the RAF will be valid for 3 months from the date it was issued.

8. What services are authorized?

All medically necessary services rendered by the Referral Provider within the specified dates are authorized.

9. Can a Referral Provider refer for additional services?

Referral Providers may only refer for DME, Lab Work, Radiology Services, and Services Rendered in an Outpatient Hospital Setting or Surgery Center. If the member requires services other than those provided by the Referral Provider or those specified above, the member must be referred back to the PCP for another referral.

10. Does a RAF guarantee member eligibility?

No. The member's eligibility **and** PCP affiliation should always be verified before the RAF is issued by the PCP or the Referral Provider makes an appointment.

11. Do I need a RAF for Durable Medical Equipment (DME)?

A prescription may be used in lieu of a RAF for DME. If a TAR/AR is required, the prescription must be specific to the recommendations of the TAR/AR.

12. What if a PCP won't issue a RAF for a member?

There are specific situations when an Administrative Authorization may be issued. Contact the Provider Services department at extension 1672 for assistance.

13. I submitted my RAF; why is my claim pending?

- . • Was the RAF sent *before* the claim?
- . • Was the RAF issued for a patient that is not eligible with CenCal Health?
- . • Was the RAF issued by a provider other than the member's current PCP or designated call group associate?
- . • Is Section 2 of the RAF complete, including your provider billing number?
- . • Do the claim and RAF have matching provider billing numbers?
- . • If you are associated with a group, is your group provider billing number on the RAF?
- . • Do the dates on the RAF cover your dates of service?