

Referral Authorization Form (RAF) Guidelines

RAFs allow Primary Care Providers (PCPs) to refer their assigned members to specialists and allied providers for medically necessary services. In general, RAFs are always required except in instances where members are permitted to access services directly, such as limited, sensitive, and emergency services. **Except for those services that members may access directly, RAFs for members who are referred outside of Santa Barbara or San Luis Obispo County, and members whose services or diagnosis codes indicate possible CCS conditions will be deferred and reviewed by CenCal Health's Health Services Department.** PCPs and Referral Providers are advised to obtain an approval prior to rendering services. Payment may be delayed or denied if the Referral Provider renders services without an approved RAF.

Following the submittal of the RAF, one of the subsequent statuses will be assigned:

- Approved: The majority of RAFs will be processed and approved within 24 hours of receipt
- Administrative Rejection: If the PCP has submitted a paper RAF with missing and/or incorrect information, the RAF will be administratively rejected
- Denied: The returned RAF states specifically why the decision to deny the referral was made and the description of the appeal process.
- Deferred: The RAF is for services that members may not access directly and:
 - Provider resides outside of Santa Barbara and San Luis Obispo Counties
 - Member is under the age of 21 with a diagnosis code indicating a possible CCS condition
 - Member is under the age of 21 is referred to one of the following providers:

▪ Cardiology	▪ Pediatric Cardiology	▪ Oncology/Hematology
▪ Neurology	▪ Pediatric Neurology	▪ Endocrinology
▪ Nephrology	▪ Pediatric Nephrology	▪ Neurological Surgery
▪ General Surgery	▪ Pediatric Surgery	▪ Orthopedic Surgery
▪ Urology	▪ Pediatric Urology	▪ Rheumatology
▪ Gastroenterology	▪ Pediatric Gastroenterology	▪ Ophthalmic Plastic Surgery

PRIMARY CARE PROVIDERS

PCPs are encouraged to use the electronic RAF when submitting a referral. PCPs utilizing this feature will find that not only is it the easiest and fastest way to submit a referral, but it also eliminates administrative rejections that cause a delayed approval. Electronic referrals (ERAF) will reflect the status of the referral upon submittal. Both PCPs and Referral Providers will receive notice of the referral and its status electronically. For RAFs that will be reviewed for possible CCS conditions, PCPs should include all relevant medical information, including symptoms and diagnosis codes, to ensure the RAF is processed as quickly as possible.

PCPs may continue to use paper RAFs; although, the process for approval may take more time than electronic submission. Upon a PCP's request, CenCal Health will provide pre-printed paper RAFs with the PCPs name, billing number, address, and telephone number. PCPs who wish to request this service may contact the Provider Services Department at extension 1676.

Important Notes for Primary Care Providers:

- PCPs must verify eligibility prior to issuing a RAF. RAFs submitted by providers other than the member's current PCP or a designated call group associate will be denied.
- Changes may not be made to the Authorization Effective Dates. Any changes must be made by issuing another RAF.
- Each RAF has a unique number and can only be used once.
- To restrict services that the Referral Provider may render, PCPs may mark the "Consultation/Office Visit Only" box in the Description of Referred Services section.

- If the PCP is part of a group or clinic, the group or clinic's name must be indicated as the PCP Name on the RAF.
- Paper RAFs should be legible or typed. Illegible or incomplete RAFs may cause an administrative denial.

REFERRAL PROVIDERS

Referral Providers must verify the RAF has been approved and the dates of service fall within the designation date span. As eligibility can change monthly, the Referral Provider must verify the member is eligible for the date of service. Approved RAFs do not guarantee members' eligibility.

Important Notes for Referral Providers:

- All medically necessary services are authorized on an approved RAF unless otherwise restricted by the RAF.
- If treatment is required beyond the timeframe or level of care indicated on the approved RAF, the Referral Provider must contact the PCP for another RAF.
- Referral Providers may write a prescription for DME, non emergency transportation, and physical, occupational, and speech therapy. For all other services outside the scope of the Referral Provider's care, the member must be referred back to the PCP.
- The RAF number must be entered in Box 23 (Prior Authorization Number) of the HCFA-1500 form or Box 63 (Treatment Authorization) of the UB-92 form.
- If billing on a paper claim and a TAR/AR is also required, the TAR/AR should be entered in Box 23 (Prior Authorization Number) of the HCFA-1500 form or Box 63 (Treatment Authorization) of the UB-92 form, and the RAF number should be indicated in the (Remarks) section.