

## Instructions for Completing The Alabama Medicaid Referral Form (Form 362)

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**TODAY'S DATE-** Date form completed

**REFERRAL DATE-** Date referral becomes effective

**RECIPIENT INFORMATION-** Patient's name, Medicaid number, date of birth, address, telephone number and parent's/guardian's name

**PRIMARY CARE PROVIDER (PCP)-** Provide all Provider information. For hard copy referrals, the printed, typed, or stamped name of the PCP with an original signature of the physician or designee is required. Stamped or copied signatures will not be accepted. For electronic referrals provider certification is made via standardized electronic signature protocol.

**SCREENING PROVIDER-** Screening provider (if different from primary provider) must complete and sign if the referral is the result of an EPSDT screening.

**NPI INFORMATION-** Provide the NPI number of the referring PCP. For billing purposes, indicate Medicaid Provider number, if available.

### TYPE OF REFERRAL:

- ❖ **PCP/ACHN-** Referral to specialist/consultant. (See \*Chapter 40 for Claim Filing Instructions).
- ❖ **EPSDT** - Referral resulting from an EPSDT screening. – indicate screening date (See \*Appendix A for Claim Filing Instructions)  
*Select one of the following types of EPSDT Screenings:*
  - **Periodic-** Well-child checkups that are based on a periodicity schedule
  - **Interperiodic-** Problem-focused and abnormal screenings that are medically necessary for undiagnosed conditions outside the periodicity schedule
- ❖ **Case Management/Care Coordination** - Referral for case management services through Network Care Coordinators (See \*Chapter 40 for ACHN contact information).
- ❖ **Lock-In** - Referral for recipients on lock-in status who are locked in to one doctor and/or one pharmacy (See \*Chapter 3 -3.3.2 for Claim Filing Instructions).
- ❖ **Other** – All other referral types. (Describe referral type)

**LENGTH OF REFERRAL-** Indicate the number of visits/length of time for which the referral is valid. (*Note: Must be completed for the referral to be valid.*)

### REFERRAL VALID FOR:

- ❖ **Evaluation Only** - Consultant will evaluate and provide findings to PCP.
- ❖ **Evaluation and Treatment** - Consultant can evaluate and treat for diagnosis listed on the referral.
- ❖ **Referral by consultant to other Provider for identified condition (Cascading Referral)** - After evaluation, consultant may, using PCP's NPI, refer recipient to another specialist as indicated for the condition identified on the referral form without having to get an additional referral from the PCP.
- ❖ **Referral by consultant to another Provider for additional conditions diagnosed by consultant (Cascading Referral)** – Consultant may refer recipient to another specialist for other diagnosed conditions without having to get an additional referral from the PCP. (**EPSDT ONLY**)
- ❖ **Treatment Only** - Consultant will treat for diagnosis listed on referral.
- ❖ **Hospital Care (Outpatient)** - Consultant may provide care in an outpatient setting.
- ❖ **Performance of Interperiodic Screening (if necessary)** - Consultant may perform an interperiodic screening if a condition was diagnosed that will require continued care or future follow-up visits.
- ❖ **For Billing Purposes Only**—For ACHN Referrals to specialists/consultants when a PCP is not attributed.
- ❖ **Other** – All other referral validation types (i.e. DME). (Describe referral validation type)

**REASON FOR REFERRAL BY PCP/ACHN-** Indicate the reason/condition the recipient is being referred.

**OTHER CONDITIONS/DIAGNOSIS IDENTIFIED BY PCP-** Indicate any condition present at the time of initial exam by PCP.

**CONSULTANT INFORMATION-** Consultant's name, address and telephone number. The consultant can be an individual provider or provider group.

**PLEASE SUBMIT FINDINGS TO PCP-** The PCP should indicate how he/she wants to be notified by the consultant of findings and/or treatment rendered.