



Primary Care Case Management Referral Request

Type or print clearly to create your request:

REF

Fax Date: _____ Submitter Name: _____

Submitter Telephone #: _____ Submitter Fax #: _____

Submitting Provider Return Address: _____

Section 1: (See instructions on attached page)

1. **Refer From:**

a. PCP Pay-To Name & NPI

b. PCP Rendering Name & NPI

2. **Member Name, MaineCare ID# & DOB**

3. **Referral Dates** (unless specified, referral is entered for 6 months) **From** **To**

4. **Diagnosis Code (ICD-9)** **Principal**

5. **Number of Referral Visits** (unless specified, 3 visits will be entered)

6. **Refer To:**

a. **Pay-To Name & NPI**

b. **Rendering Name & NPI**

Section 2: Refer to Provider phone# _____

Reason for Referral- A choice from the list below is required. Please select the most appropriate reason from the list:

- _____ Single consultation visit or opinion
- _____ Single visit for treatment
- _____ Surgery/ Admit to hospital
- _____ Durable Medical Equipment
- _____ PT _____ OT _____ Speech
- _____ Other (please describe below)

Enter Other description here:

Enter any Additional Referral Details or Limitations here:

Other than mailing or faxing this form; copies should be made and distributed as such – **PCP, Referral Provider and Member**
Fax #: 1-866-598-3963:

Disclaimer:

The submission of this request is not a guarantee that:

- A. The service is a covered MaineCare service;
- B. The Member will be eligible for MaineCare at the time of service; or
- C. The service has received a Prior Authorization from the Department, if required.



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INSTRUCTIONS:

All items marked as **REQUIRED** or **SITUATIONAL** may cause a referral to be returned if not filled out accurately. Please contact Provider Services for additional help in completing this form or for instructions to submit via the portal.

Section 1:

1- Refer From:

- a. Enter PCP Pay-To Name along with the 10-digit NPI – **REQUIRED**
- b. Enter PCP Rendering Provider Name along with the 10-digit NPI – **REQUIRED**
if the Pay-To has no rendering providers, please enter the Pay-To NPI

2- Enter Member's Name, Member's MaineCare ID number and Date of Birth – **REQUIRED**

3- Enter the Referral Dates, or span of dates, that services will be provided for the referral request – **If this is not completed, a 6-month date span will be entered with the receive date being the begin date of the referral**

4- Enter a Principal Diagnosis for the referral. This must be a corresponding ICD-9 code – **REQUIRED**

5- Enter Number of Referral Visits – **If this is not completed, 3 visits will be entered**

6- Refer To:

- a. Enter the Pay-To Name along with the 10-digit NPI of the Provider who will provide the managed service – **REQUIRED**
- b. Enter the name of the Rendering Provider along with the 10-digit NPI of the Provider who will provide the managed service – **REQUIRED**
if the Pay-To has no rendering providers, please enter the Pay-To NPI

Section 2:

- Choose a Reason for Referral – **REQUIRED**
- If "Other" is chosen for Reason of Referral, then a description is needed – **SITUATIONAL**
- Additional Referral Details or Limitations for the request may be entered – **SITUATIONAL**

Submitted requests can be found on the provider portal at <https://mainecare.maine.gov>. The portal also offers references to policy.

All NPI information can be found at the CMS NPI Registry page at:

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Mail to: PA/Referral Unit, Office of MaineCare Services, 11 State House Station, Augusta, ME 04333

Fax #: 1-866-598-3963

For questions, please call Provider Services at **1-866-690-5585**