

Provider instructions for completing the Bright MA Patient Referral Form.

Primary Care Physicians must fax completed forms to 1-888-337-2174.

Section One: Requestor.

In the event a clinician needs to contact your office, enter the requestor's name and phone number.

Section Two: Patient Information.

A minimum of three patient identifiers must match our records to process the referral form. Verify and include the member's name, date of birth, identification number and/or phone number for processing.

Section Three: Referring Physician Information.

To avoid delays in processing the referral form, each asterisk must be completed.

- Referring MD Name: provide the full name of the referring provider
- NPI: provide the referring provider's National Provider Identifier
- TIN: provide the referring provider or clinic's Tax Identification Number
- Phone and Fax: provide valid phone and fax numbers
- Address: provide the referring provider's complete address
- Member's PCP: indicate where the referring provider is also the member's PCP

Section Four: Referral Information.

To avoid delays in processing the referral form, each asterisk must be completed.

- Referral Type: indicate where the referral is related to an initial (*first time requesting a referral*), or Extension to Authorization (*requesting additional services – please note, only services covered under the referral will be processed*).
- Referral Start Date: provide the first date the member will be seen
- ICD-10 Diagnosis: at a minimum provide the primary diagnosis. Additional ICD-10 codes may be included.
- Number of visits: provide the number of times the member will be seen

Section Five: Servicing Provider Information.

To avoid delays in processing the referral form, each asterisk must be completed.

- Referring To: provide the full name of the servicing provider
- Specialty: provide the servicing provider's primary specialty
- Clinic Name: if the servicing provider is practicing at a clinic, provide the clinic name
- TIN: provide the servicing provider's Tax Identification Number
- Phone and Fax: provide valid phone and fax numbers
- NPI: provide the servicing provider's National Provider Identifier
- Address: provide the servicing provider's complete address.

Additional Notes:

- The referral form covers a select group of CPT codes (*99201 – 99205, 99211 – 99215, 99241 – 99245 along with any in office procedures that do not require a prior authorization*). All other prior authorization requests must be submitted on the designated form.
- Out of Network Services require authorization
- Incomplete information may delay the processing of the patient referral form.