

## Physician Referral and Ongoing Communication

Physician (MD or DO) Referral Form for TRICARE<sup>®</sup> beneficiaries accessing care with Supervised Licensed Mental Health Counselors, Licensed Professional Counselors or Pastoral Counselors.

Instructions: Please submit this completed form with initial claim for TRICARE patient indicated or **Fax to (803) 462-3990**. Ongoing physician communication must be indicated on all subsequent claims by listing referring physician name (MD or DO) in box 17 or box 19 of your CMS-1500 claim form. For electronic claim submissions, please contact the EMC help desk at 1-800-325-5920 to verify the best way to indicate continued communication for the electronic billing software method you use.

**For Claims Payment Purposes Only -- Do Not Fax To ValueOptions<sup>®</sup>**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sponsor #: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral/Disposition: \_\_\_\_\_

\_\_\_\_\_

ICD-9/ICD-10 Diagnosis: \_\_\_\_\_

Print Name of LMHC, LPC, or PC receiving this referral: \_\_\_\_\_

The referring physician (MD or DO) is providing:

REFERRAL ONLY:  REFERRAL AND ONGOING COMMUNICATION:

**Please Note:** TRICARE Policy Manual 6010.57M, Chapter 11, Section 3.1, states that in order for Supervised Mental Health Counselors (LMHCs and LPCs), and Pastoral Counselors (PCs) to be considered for benefits on a fee-for-service basis by TRICARE, the beneficiary/patient must be evaluated by a physician who provides a diagnosis and referral to the Supervised LMHC, LPC, or PC, prior to the start of treatment. A physician must also provide continued and ongoing communication of treatment. Documentation must be submitted with claims. Failure to follow this requirement may result in non-payment. Beneficiaries will be held harmless. It is the responsibility of the civilian provider (not the beneficiary) to ensure referral and ongoing communication is obtained prior to rendering services. Frequently military physicians elect not to provide the required referral and communication, or may be willing to submit a referral but not provide ongoing communication. ValueOptions may be able to assist with finding a civilian physician in these cases.

### Referring Physician Information:

Print Name: \_\_\_\_\_ Is the Physician a PCM? \_\_\_\_\_ YES \_\_\_\_\_ NO

Practice Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is provided as a resource for optional use.