



Solis Health Plans Referral Form

If you have questions, please call Provider Services at **833-615-9260**. Please fax a copy of this completed Referral Form to Solis at **833-846-0896**.

1. Member Identification:	
Patient/Member Name:	Patient/Member Health Plan ID Number:
Patient/Member DOB:	Patient/Member Phone Number:
Primary Care Physician (PCP) Name:	PCP Telephone AND Fax number:
Treating Provider Name:	Provider's NPI AND Tax ID Number:
Facility Name:	Facility NPI AND Tax ID Number:
Provider/Facility Address:	Provider/Facility Phone AND Fax Number:

2. Referral Authorization (Retroactive referrals are not valid):
A referral is for services delivered solely by a practitioner under contract with Solis Health Plans. For a list of services requiring a Referral, review the Solis Health Plans Referral Protocol.

3. Diagnosis/Medical History/Reason for Referral (Include date, type, and results of studies performed):

4. Consulting Physician May Provide Care:
As Indicated Note: A MEMBER MUST BE ELIGIBLE AT THE TIME OF SERVICE.
Standing Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the referral for Behavioral Health Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Services (Please list):

Attached: Circle One Narrative <input type="radio"/> X-RAY <input type="radio"/> LAB <input type="radio"/> Other: _____	
Primary Care Physician Signature:	Referral Date:
Primary Care Physician Instructions: YOU MUST: 1. Verify a referral is required for the recommended service or treatment. 2. Complete sections 1, 3 and 4. 3. Specify the number of approved visits on the referral. If this field is not completed, the referral defaults to one visit. 4. Sign and date the Referral. 5. Provide participating consultant with a copy of the completed form. 6. Provide member with a copy of the completed form.	Consulting Physician Instructions and Billing Procedures: 1. IMPORTANT: Enter your physician number below your signature on the CMS-1500 form. 2. Keep a copy of this form for your records. 3. If the referral is not signed and dated by the primary care physician, the claim will be denied. 4. Billing Procedure: Submit a copy of a valid referral with the initial claim.
Standing Referral Instructions: Standing referrals may be requested by the primary care physician by completing this form. Standing referrals: 1. Are valid only for certain conditions, unless an authorization is obtained. For more information, please review the Referral Policy. 2. May be granted for six months.	Member Instructions: 1. Keep a copy of this form for your records. Give the original referral to your consultant/specialist. 2. If the referral is mailed by the primary care physician, ensure consulting/specialist physician has received his or her copy of the referral form. 3. A referral is not a guarantee that the services are covered benefits. Please review your health plan covered benefits and exclusions.

Solis Health Plans Referral Protocol

- Members do not need a referral for Obstetrics and Gynecology (OB-GYN) visits and emergency or urgent care services.
- Referral Submission Requirements: The electronic or paper referral must be generated to a network physician or health care professional and signed and dated by the PCP. Electronic referrals do not require a signature.
- The referral is only valid when the PCP creates an electronic referral or signs and dates a paper referral – both must be completed on or before the services are rendered.
- If the PCP does not indicate the number of visits, the referral is valid for only one visit and for a maximum of one month from the date it is signed or electronically filed.
- The member may present the referral form or the electronic referral number to the specialist at the time of the visit, or the PCP’s office can mail or fax the written paper referral to the consultant /specialist.
- Three visits are allowed, except for those services listed under “Exceptions to the Referral Rules.” Retroactive referrals aren’t valid.

*Exceptions to the Referral Rules: There are exceptions to the general referral rules. Some services require prior authorization before the PCP may issue the referral and some referrals can be made for more than three visits. **The exceptions are as follows:***

- **Behavioral Health and Psychiatric Medication Management:** PCPs must write a referral for the first visit to a behavioral health provider. Authorizations are required after the 12th visit.

- **Chiropractic:** Some benefit plans provide coverage for chiropractic services while others don't. Therefore, it's important to call the number on the member's health care ID card for verification of chiropractic services before writing or creating a referral. The benefit for chiropractic requires authorization after the 12 visits. A referral is necessary to establish the consultation.
- **Dialysis:** A referral is valid for any number of dialysis visits up to six months from the date of the referral. Dialysis facilities require a prior authorization.
- **Laboratory Services:** See the Participating Provider Laboratory and Pathology Protocol found on the Solis website. Solis' preferred laboratory is Quest Diagnostics. No referral is required. The PCP or the specialist may order services utilizing a commercial laboratory requisition, using the laboratory's electronic order system or giving the member a prescription. For information regarding which outpatient commercial medical laboratory to use, please refer to the member's ID card or the Solis website.
- **Post-Operative Care:** Referrals aren't required for services related to a surgical procedure during the postoperative period that are included in the Global Fee, if performed by the same physician practice. The PCP must write a new referral if the member needs to be seen by the same physician for a new issue or for a new physician for services related to the surgical procedure.

To be reimbursed for visits and services specified on an approved referral, send a copy of the referral together with the CMS-1500 form to:

Solis Health Plans, Attn: Claims:
P.O. Box 211486
Eagan, MN 55121

Referrals that are generated electronically using our online referral system don't need to accompany the CMS-1500 form. Solis will notify our PCPs when this method will be available.

Specialists should accept a PCP Electronic Medical Record (EMR) generated referral form or paper. Please verify the member's eligibility and benefits using the Solis provider portal. You can also call Provider Services at **833-615-9259** with any questions.

