

INSTRUCTIONS ON FILLING OUT SERVICE REQUEST FORM FOR VARIOUS REFERRAL TYPES:

ANCILLARY

LAB TEST

- Must use Quest for ALL lab tests
- On Quest Rx Form-indicate ICD-9 code, description of test, and patient demographic
- Attach prescription to the Quest Form

RADIOLOGY

- The following are done at Facey:
 - X-rays (all Facey sites except for Simi Valley and Burbank),
 - Mammogram, ultrasound (at Mission Hills, Valencia 2, Northridge, Canyon Country and San Gabriel)
 - Dexa scan (Mission Hills only)
 - Esophagram, Barium Swallow, Upper GI series (Mission Hills only)

PULMONARY LAB

- The following are done at Facey Pulmonary Lab in Mission Hills:
 - Pulmonary Function Test
 - 6 minute walk
 - Spirometry

CARDIAC LAB

- The following are done at Facey Mission Hills, Valencia 1, Canyon Country and Northridge offices:
 - EKG
 - 24-Hour Holter Monitor
 - Treadmill Stress Test

CHEMOTHERAPY

- Indicate name of drug, quantity/dosage, frequency, duration (# of cycles)
- DEA#

INJECTABLE DRUG

- Indicate name of drug, quantity/dosage and duration
- Specify administration/indication (for example: Subcutaneous every other day)
- Indicate how many refills the order is for
- DEA#

RADIATION THERAPY

- Specify what type of radiation therapy (i.e. simple, intermediate, complex, brachytherapy, IMRT)
- Number of fractions

GENERAL DME INFORMATION REQUIRED

- Patient's HEIGHT and WEIGHT
- CLINICAL INDICATIONS for the item being requested
- DEA #

CPAP

- Send sleep study report (has all settings)
- DME vendor will not deliver without report
- DEA#

O2

- Liter Flow
- ABG/ Pulse Ox (qualifies for benefit)
- DEA #

OXYLITE

- Service Request Form should specify Oxylite with Spotcheck, not "portable"
- DEA#

FOOT ORTHOTICS

- Document if patient has diabetic foot disease or if orthotics must be attached to shoe

DIABETIC SUPPLIES

- Facey Patient Education Dept supplies the Meter
- Test strips/lancets (specify meter type and Frequency of pt glucose testing: #/day)
- Senior HMO members – please submit referral to UM
- Commercial HMO members go thru their local pharmacy, no Facey auth needed
- DEA#

HOSPITAL BED/WHEEL CHAIR

- CLINICAL INDICATIONS for the item being requested
- Patient's height and weight

WOUND CARE, OSTOMY, & URINARY SUPPLIES

- Brand name, item description and quantity

NEBULIZERS

- Drug and dosage
- Senior HMO members – drug/dosage MUST be written on a PRESCRIPTION PAD (vendors will not accept drug orders on Service Request Form)
- Commercial HMO members go thru their local pharmacy, no Facey auth needed.
- DEA#

PHOTOTHERAPY

- Bilirubin level
- Specify if single or double phototherapy
- DEA#

HOME HEALTH

- Indicate home health required action.
- For wound care indicate wound location, stage (for decub) frequency and duration of dressing changes and dressing supplies (i.e. wet to dry).
- Indicate the address and phone number for delivery, esp. for Board & Care pts and pts staying with relatives at a different address other than listed in Facey system

HOSPICE

- Preferred vendors: Gerinet, Vitas, Roze Room
- Hospice will be provided to members who are considered "Terminally ill" (A "terminally ill member" is determined to have a life expectancy of one year or less.)