



## New England Health Plan (NEHP) Cross Border Referral Form

If you are BCBSRI primary care provider (PCP) referring a New England Health Plan (NEHP) patient out of state, please fax this completed form to the BCBSRI Utilization Management Department at (401) 272-8885. **All fields are required.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's ID #: \_\_\_\_\_ Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Provider's Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring PCP's NPI number: \_\_\_\_\_

*(Specialists – Please use box 17b when filing a claim.)*

Referring Specialist's NPI number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referral Valid From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of visits requested: \_\_\_\_\_

Reason for Referral:

- Consultation only
- Treatment only
- Consultation and treatment

NEHP referrals require the appropriate ICD-10-CM diagnosis code (s). Please list ICD-10 Code(s):

\_\_\_\_\_

Diagnostic tests/procedures requested: \_\_\_\_\_

**Note: Communication is required between PCP and Specialist.**