

HUMANA MILITARY HEALTHCARE SERVICES
TRICARE South Region Case Management Referral Form
Medical Surgical – HMHS

Beneficiary Name	Date of Birth	
Sponsor Social Security Number	Beneficiary/Responsible Person Phone Number	
Provider <input type="checkbox"/> PCM <input type="checkbox"/> Attending	Office Mailing Address	City/State & Zip
Phone Number (Office or Clinic)	Fax Number (Office or Clinic)	Pager Number for Provider <hr/> Provider Email Address

DIAGNOSIS / Clinical History/Reason(s) for Referral (include social problems): (fax and or mail any pertinent clinical information available)

Point of Contact for More Information	Name	Number
Inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Inpatient – Facility Name	
Date of Referral	Name of Person Making Referral and Title	Phone/Fax Number for Person Making Referral Phone: Fax:

Fax Number for Case Management Acceptance Decision:

<i>Contractor's Use Only</i>	Date Referral Received	Decision <input type="checkbox"/> Accept <input type="checkbox"/> Not Accept
Rationale for Decision		
Case Manager :		
Decision Date:	Phone:	Fax:

Medical/Surgical Referral Guidelines

- 1. ECHO
- 2. Transfers (excludes MTF to MTF)
- 3. Unstable beneficiary with multiple providers and high dollar utilization requirements
- 4. Transplantation Evaluation or actual procedure (Solid organ or bone marrow/peripheral stem cell)
- 5. Ventilator dependent beneficiary
- 6. Traumatic Brain Injury, Spinal Cord Injuries, CVA, burn or any diagnosis requiring a rehabilitation admission
- 7. New quadriplegic or paraplegic
- 8. Premature infant, ventilator dependent > 24 hours and or weight less than 1500 grams
- 9. Planned Long Term Acute Care (LTAC) admission
- 10. Catastrophic illness or injury, NOI
- 11. OB patient with significant identified risks
- 12. Requests for hourly Nursing > 4 hrs. per day
- 13. Receiving high cost treatment including medications (e.g. hemophilia, Gaucher's Disease)
- 14. Other _____

Please fax this form to the appropriate Market for the beneficiary.

San Antonio Market	Biloxi Market	Augusta Market
210 614 4692	228 385 5138	706 854 8604
Texas (except El Paso area), Oklahoma, Arkansas, Louisiana except New Orleans	New Orleans, LA, Mississippi, Alabama, Tenn., FL Panhandle	Georgia, Florida, South Carolina