



Information	Details	
<b>Referral Options</b>	<p>Referrals may be sent directly to CareCentrix in-network providers. If a referral is sent directly to a CareCentrix in-network provider and the provider has confirmed acceptance, please do not send the referral to CareCentrix as well.</p> <p><b>CareCentrix Phone: 1-877-561-9910</b> Follow the appropriate prompts for your request.</p> <p><b>CareCentrix Fax: 1-877-860-4999</b> Available during hours of operation.</p> <p><b>Electronic – Allscripts (ECIN) and NaviHealth/Curaspan Available during CareCentrix hours of operation</b></p>	<p><b>Hours of Operation</b></p> <p><b>Monday – Friday:</b> 8:00 AM ET – 6:00 PM ET</p> <p><b>Saturday – Sunday:</b> 8:00 AM ET – 6:00 PM ET</p> <p><b>After Hours Support:</b> Follow the appropriate prompts to leave a message. Messages left with on call services will be returned within 1 hour.</p>
<b>Services Coordinated by CareCentrix</b>	<ul style="list-style-type: none"> <li>▪ Traditional Home Health: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, Home Health Aides</li> <li>▪ Durable Medical Equipment and Supplies</li> <li>▪ Custom Medical Equipment</li> <li>▪ Orthotics and Prosthetics</li> <li>▪ Home Infusion Services</li> <li>▪ Ambulatory Infusion Services</li> </ul>	
<b>Elements Required for a Complete Referral</b>	<p>To ensure prompt service, all submissions must contain the required information, including but not limited to:</p> <ul style="list-style-type: none"> <li>✓ First and last name of patient</li> <li>✓ Address where service is to be rendered</li> <li>✓ Patient’s home telephone number with area code</li> <li>✓ Patient’s date of birth</li> <li>✓ Diagnosis to support requested services</li> <li>✓ Start-of-care date</li> <li>✓ Physician’s prescription with services required</li> <li>✓ Ordering physician name and telephone number</li> <li>✓ Primary care physician name and telephone number</li> </ul> <p>Insurance information, including the subscriber identification number and Group Number</p> <p><b>For Home Infusion Therapy:</b> Please provide height, weight, allergies, type of venous access and when the next dose is due.</p>	
<b>Service Coordination Process</b>	<ol style="list-style-type: none"> <li>1. Referrals are called, faxed or sent electronically to CareCentrix.</li> <li>2. For those services subject to prior authorization, CareCentrix reviews the referral and authorizes the service when supported by the applicable clinical coverage guidelines.</li> <li>3. CareCentrix calls the referral source with the name and telephone number of the provider servicing the member</li> </ol> <p>Referral sources are encouraged to call with any questions related to home healthcare, home infusion therapy, or home medical equipment prior to making a referral.</p>	
<p><b>For Questions or Assistance with Your Referral Call: 1-877-561-9910</b></p>		<p><b>For Issues or Concerns, Please Contact Your CareCentrix Client Services Liaison:</b>  <b>Debaney Benton, Sr. Director of Client Services</b>              877-561-9910 Ext: 132127 or email <a href="mailto:ClientServicesFacilities@carecentrix.com">ClientServicesFacilities@carecentrix.com</a></p>