



L.A. Care

HEALTH PLAN®

Disease Management Referral Form

In order to be referred to one of L.A. Care's Disease Management programs, the member **MUST**:

Asthma: (All Direct Lines of Business)	Cardiovascular: (Cal Medi-Connect, L.A. Care Covered and MCLA)	Diabetes: (All Direct Lines of Business)
Have a diagnosis of asthma (ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998) and/or	At risk for Cardiovascular disease and/or	Have a diagnosis of Diabetes (ICD-10: E10.10, E10.11, E10.51, E10.641, E10.65, E10.69, E10.8, E11.00, E11.01, E11.65, E11.69, E11.8 and/or
Asthma medications	Diagnosis/ICD-10: E66.01, E75.21, E75.22, E75.249, E77.0, E77.1, G45.0, G45.8, I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I20.0, I20.1, I20.8, I23.0, I24.0, I24.1, I24.8, I25.2, I25.82, I25.83, I25.84, I25.9, I48.91, I25.10, I51.0, I51.89, I51.9, I67.2, I67.4, I67.89, I70.1, I70.209, I70.219, I70.229, I70.25, I70.299, I70.399, I70.499, I70.599, I70.8, I70.92, I73.1, I73.9	A1C >5.7% and/or
5 years of age or older	ERSD excluded (N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19)	Hypo/hyperglycemia (ICD-10: E08.649, E15, E16.0, E16.1, E78.1, E78.9) and/or
No COPD (excluded for J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J43.9, J44.0, J44.1, J44.9, J68.4, J98.3)		Diabetes medications (i.e. oral agents, insulin)

Date Referred:	
Referred by:	Phone extension#:

Member Information:

Member Name:	Member DOB:
Member ID:	Member Language:
Member Phone #:	Product Line:

Primary Care Physician (PCP) Information:

Physician Name:	Physician Phone #:
-----------------	--------------------

Diagnosis / ICD-10 Code:

1.	2.
----	----



L.A. Care
H E A L T H P L A N ®

Reasons for Referral:

Issue prompting referral:

Recent hospital/ER/skilled nursing facility visits:

SUBMIT THIS INFORMATION TO L.A. CARE VIA SECURE EMAIL (ENCRYPTED):

asthmadm@lacare.org or heartdm@lacare.org or diabetesdm@lacare.org

OR SUBMIT THIS INFORMATION TO L.A. CARE VIA FAX: 213.438.4860

If you have any questions about our disease management programs, please contact our nurses:

Asthma: 1-888-200-3094 (member toll free line), **EXT. 5426 (for internal staff)**

Diabetes: 1-877-796-5878 (member toll free line), **EXT. 5436 (for internal staff)**

Heart: 1-855-707-7582 (member toll free line), **EXT. 5430 (for internal staff)**