

Multi-Disciplinary Assessment Center (MDAC)

Thank you for your referral. In order to best serve your patient, please complete this form as thoroughly as possible. Incomplete forms may be returned to sender. Fax completed form to **(415) 206-6302**. For questions call (415) 206-6129. **SFHN Providers: DO NOT COMPLETE this form. Please submit eReferral via LCR with all requested information below.**

Referral Date: ____ / ____ / ____

Referring Provider: _____
Organization: _____
Email: _____
Phone #: _____ Fax #: _____

Patient Name: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: ____ / ____ / ____
MRN: _____ <input type="checkbox"/> ZSFG <input type="checkbox"/> UCSF <input type="checkbox"/> Other
Pediatric Primary Care Provider: _____
Guardian/Parent Name: _____
Relationship to Patient: _____
Contact Phone #: _____
Primary Language: _____

Is the Guardian/Parent aware of and in agreement with your referral?
 Yes No

PATIENT CLINICAL INFORMATION:

The ZSFG developmental team provides diagnostic and limited therapeutic services for children (0-5 years) with *developmental or behavioral concerns* through the Multi-Disciplinary Assessment Center (MDAC). Patients 6 years and older requiring developmental assessment may also be referred.

For children who are in need of a psychotherapy assessment only or an evaluation of ISOLATED GROSS MOTOR DELAY, **DO NOT REFER to MDAC**. Please directly refer to Infant, Child, and Adolescent Psychiatry (ICAP) by calling 206-4444 or to Neurology, GGRC, and/or PT, respectively.

Please check all of the following boxes that apply to this patient:

CLINICAL CONCERNS	SUSPECTED/CONFIRMED (Please list tests/source of diagnosis)	Agencies Already Referred To: (e.g. GGRC, SFUSD)
Gross or Fine Motor Delays		
Speech/Language		
Social Development		
Learning or Cognitive problems		
Behavioral Problems		
Attention-Deficit/ Hyperactivity Disorder (ADHD)		

Date of most recent well child/CHDP exam: ____ / ____ / ____ WNL ABNL (please detail below)

Reason for consultation / What question(s) would you like the assessment to answer?

***REQUIRED SUPPORTING DOCUMENTS: Birth history, most recent visit detailing developmental concerns, other assessment/evaluations, insurance card and authorization. Please fax with this Referral Form.**

Referral Criteria for the Multidisciplinary Assessment Center (MDAC) at Zuckerberg San Francisco General (ZSFG)

The descriptions below are meant to be general guidelines. We are happy to discuss the details of a case to help appropriately triage the child – (415) 206-6129 or Janis.Mandac-Dy@ucsf.edu; Amy.Whittle@ucsf.edu

Appropriate referrals:

- Diagnosis of autism if not previously diagnosed
- Mental health concerns (e.g. ADHD, depression, anxiety) in a child with developmental delay (e.g. autism, Down syndrome, cognitive impairment)
- Severe impulsive/hyperactive behavior in a child < 6 years of age
- Children > 3 years old, but not yet in school, with concern for delay on developmental screen
- Neurocognitive testing following traumatic brain injury
- Patients rejected by GGRC/SFUSD but whom you still have concerns about
- Concerns that an IEP (individualized education plan) and/or GGRC plan of services does not fit the needs of a child

Refer to GGRC

- Children ages 0 to 3 years with delays of 33% or more
- Children over age 3 years with qualifying Lanterman Act diagnosis (autism, intellectual disability, other developmental delay)

Refer to SFUSD

- Child who requires evaluation for individualized education plan (IEP)
- Child with a medical diagnosis who requires accommodations under 504 plan, including ADHD

Refer to Mental Health Services (depending on insurance: Foster Care Mental Health; Infant, Child and Adolescent Psychiatry at ZSFG, Langley Porter UCSF, etc.)

- Suspected mental health issue such as depression, anxiety, post-traumatic stress disorder in an otherwise typically developing child

Refer to ABC* (Dr. Peter Ferren's ADHD Behavior diagnostic clinic)

- Isolated concern for ADHD in a child aged 6-17 years
- Will NOT provide ongoing medication management, but will provide recommendations

***(only for ZSFG Children's Health Center or Family Health Center patients)**

Multidisciplinary Assessment Clinic (MDAC) Referral Procedures

Thank you for your interest in referring to MDAC. We accept referrals for children with Medi-Cal.* The process depends on their primary medical home:

- Patients with primary care home within SFHN or CCC*** ages **0 to 18 years**.
- Patients with primary care home outside SFHN/CCC*** up to age **6 years**.

Please submit prior authorization to the appropriate entity.

Insurance	Process
SFHN San Francisco Health Plan Medi-Cal	Provider submits referral via LCR (no prior auth needed)
CCC San Francisco Health Plan Medi-Cal	Provider submits referral via LCR (no prior auth needed)
NEMS San Francisco Health Plan Medi-Cal with ZSFG affiliation	Provider submits request for authorization for services** to NEMS
UCSF Medi-Cal	Provider submits request for authorization for services** to SFHP
CCHCA Medi-Cal	Provider submits request for authorization of services** to CCHCA
Hill Physicians Medi-Cal	Provider submits request for authorization of services** to SFHP
Brown and Toland Medi-Cal	Provider submits request for authorization of services** to Brown & Toland
Kaiser Medi-Cal	Provider submits request for authorization of services** to Kaiser
Non-managed Medi-Cal (Fee for Service)	Provider submits request for authorization of services** from the state
Hill Physicians Anthem BC Medi-Cal	Provider submits request for authorization of services** to Anthem Blue Cross
SFHN or CCC Anthem BC Medi-Cal	Provider submits request for authorization of services** to Anthem Blue Cross
CCHCA Anthem BC Medi-Cal	Provider submits request for authorization of services** to Kaiser

*We are currently not able to see patients with private insurance (non Medi-Cal).

***SFHN/CCC Clinics:

San Francisco Health Network Clinics

ZSFG 6M Children’s Health Center
 Chinatown Public Health Center
 Family Health Center
 Maxine Hall Health Center
 Ocean Park Health Center
 Potrero Hill Health Center
 Silver Avenue Family Health Center
 Southeast Health Center

SF Consortium Clinics serving children

Haight Ashbury Free Medical Clinic
 Mission Neighborhood Health Center
 Native American Health Center
 North East Medical Services*see chart
 Saint Anthony Medical Clinic
 San Francisco Free Clinic
 South of Market Health Center
 Tenderloin Health Services
 Individual MDs: Tin Huu Nguyen, Thanh Quoc Tran,
 Doan Khong

**Please request the following CPT codes when submitting prior authorization; the time frame for visits should be 12 months.

Provider	Description	Number of sessions
Speech Language Pathologist		
92521	Evaluation of speech fluency (eg, stuttering,cluttering)	2
92522	Evaluation of speech sound production (eg,articulation, phonological process, apraxia,dysarthria);	2
92523	Evaluation of speech sound production (eg,articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)	2
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	4
Occupational Therapist		
97003	Occupational therapy evaluation	2
97533	Sensory integrative techniques	4
97530	Therapeutic activities	4
Psychologist		
90791	Dx Eval W/No Medical	2
96101	Psychological Testing	3
96111	Developmental Test, Extended	3
90853	Group psychothrapy	4
90837	Psychotherapy, 60 minutes, with patient and/or family member	4
MD/PNP		
99203	E/M New Pt Detailed	1
99204	E/M New Pt Comprehensive	1
99205	E/M New Pt Complex	1
99213	E/M Establish Pt Expanded	1
99214	E/M Establish Pt Detailed	1
99215	E/M Establish Pt Comprehensive	1