



## VALLEY DIVISION

## DIRECT REFERRAL FORM

c/o MedPOINT Management  
P.O. Box 570997, Tarzana CA 91357  
Phone: 818-702-0100 ♦ Fax: 818-466-6536

The purpose of this direct referral form is to provide direct access to our specialists without requesting an authorization. In order for this direct referral form to be valid, you must select one of the specialists or services listed on the form. If you do not see a specific provider or service, you must request an authorization. All claims will be reviewed for appropriateness. **Authorization is valid for 90 days from date indicated below. ONE SPECIALTY PER DIRECT REFERRAL**

|         |                  |              |                      |        |
|---------|------------------|--------------|----------------------|--------|
| PATIENT | PATIENT NAME:    |              | PATIENT DOB:         | PHONE: |
|         | HEALTH PLAN:     |              | MEMBER ID #:         |        |
|         | PATIENT ADDRESS: |              |                      |        |
|         | DIAGNOSIS:       | ICD 10 CODE: | REASON FOR REFERRAL: |        |

|          |                        |                          |                    |
|----------|------------------------|--------------------------|--------------------|
| PROVIDER | PROVIDER / SPECIALIST: |                          | PHONE:             |
|          | ADDRESS:               |                          | APPT. DATE & TIME: |
|          | PCP SIGNATURE          | PCP NAME (Please print): | TODAY'S DATE:      |

### OPHTHALMOLOGY

Douglas Gellerman, M.D.  
☐ 99204 New Office Visit  
☐ 92012 Follow-up Exam

### ORTHOPEDICS

Hrair Darakjian, M.D.  
☐ 99203 New Patient Visit

**ALL RADIOLOGY, MAMMOGRAMS AND ULTRASOUNDS MUST BE REFERRED TO  
BEVERLY RADIOLOGY MEDICAL GROUP (RADNET)**

|           |  |  |   |
|-----------|--|--|---|
| RADIOLOGY | <b>DEXA SCAN</b><br><input type="checkbox"/> post-menopausal female, every 2 years<br><input type="checkbox"/> any patient within 6 months of any fracture   | <b>MAMMOGRAMS</b><br>Please check criteria in addition to appropriate CPT code<br><input type="checkbox"/> over age 40, every year<br><input type="checkbox"/> over age 50, every year<br><input type="checkbox"/> under age 40, if breast mass palpated<br><input type="checkbox"/> G0202 Mammography; Unilateral View<br><input type="checkbox"/> G0206 Mammography; Bilateral Views<br><input type="checkbox"/> 77057 Screening Mammography; Bilateral (2 Views of each breast)   | <b>ULTRASOUND</b><br><input type="checkbox"/> 74290 to rule out Cholelithiasis<br><input type="checkbox"/> 76641- 76642 Breast Mass (if recommended after mammogram findings)<br><input type="checkbox"/> 76970 Breast Mass Follow-Up   |
|           | <b>X-RAY</b><br><input type="checkbox"/> 70140 Facial Series<br><input type="checkbox"/> 70210 Sinus; less than 3 Views<br><input type="checkbox"/> 70220 Sinus; Complete<br><input type="checkbox"/> 70260 Skull<br><input type="checkbox"/> 71010 Plain Chest X-ray; 1 View<br><input type="checkbox"/> 71020 Plain chest X-ray; 2 Views<br><input type="checkbox"/> 71100 Ribs; 2 Views<br><input type="checkbox"/> 71110 Ribs; 3 Views<br><input type="checkbox"/> 71120 Sternum<br><input type="checkbox"/> 72040 Spine: Cervical<br><input type="checkbox"/> 72069 Scoliosis Screening | <input type="checkbox"/> 72072 Thoracic<br><input type="checkbox"/> 72100 Spine: Lumbosacral<br><input type="checkbox"/> 73000 Clavicle; Complete<br><input type="checkbox"/> 73030 Shoulder; 2 Views<br><input type="checkbox"/> 73060 Humerus<br><input type="checkbox"/> 73080 Elbow; 3 Views<br><input type="checkbox"/> 73090 Forearm; 2 Views<br><input type="checkbox"/> 73100 Wrist; 2 Views<br><input type="checkbox"/> 73120 Hand; 2 Views<br><input type="checkbox"/> 73140 Finger; 2 Views<br><input type="checkbox"/> 73500 Hip; 1 View | <input type="checkbox"/> 73520 Hip; 2 Views<br><input type="checkbox"/> 73550 Femur; 2 Views<br><input type="checkbox"/> 73560 Knee; 1 or 2 Views<br><input type="checkbox"/> 73590 Leg; 2 Views<br><input type="checkbox"/> 73600 Ankle; 2 Views<br><input type="checkbox"/> 73620 Foot; 2 Views<br><input type="checkbox"/> 73650 Heel<br><input type="checkbox"/> 73660 Toe(s); 2 Views<br><input type="checkbox"/> 74000 Abdominal; Single (KUB)<br><input type="checkbox"/> 74022 Abdominal Series; Complete<br><input type="checkbox"/> 70100, 72100, 73100, 73500, 76100, 71100<br>Extremity bone films to rule out fracture |

**ALL LAB WORK MUST BE REFERRED TO QUEST DIAGNOSTICS**

**Regarding members 21 years and younger:** This direct referral form is only valid for the initial consultation for services related to CCS eligible conditions. All follow up visits and requests for treatment for CCS conditions require submission of an authorization request and all related medical records.

**PCP** Your member must be referred to an In-Network Provider and utilize contracted facilities and lab, unless indicated above. \* Member may self-refer for sensitive services. \* Members may self-refer to Participating GYN providers. Gynecologists can directly refer members for the following services: pelvic ultrasounds, mammograms, DEXA scans, breast ultrasounds.

**Member** Please schedule an appointment and hand carry this form to the specialist. (Favor de programar una cita y llevar esta forma al especialista).

**Specialist** Member eligibility and benefits must be verified at the time of visit. Copy of form to be given to patient. PCP to enter authorization via MPM Web as Direct Referral or fax authorization to PREMIER PHYSICIAN NETWORK on the same day referral is generated. NOTICE: This form is a guarantee for payment subject to the following exceptions: **CHARGES FOR NON-COVERED SERVICES OR SERVICES RENDERED TO PATIENTS WHOSE COVERAGE IS NO LONGER IN EFFECT ARE THE PATIENT'S RESPONSIBILITY. ALL FOLLOW-UP CARE MUST BE PRIOR-AUTHORIZED BY THE UTILIZATION REVIEW DEPARTMENT.**