



DIRECT REFERRAL FORM

c/o MedPOINT Management
P.O. Box 570370, Tarzana CA 91357
Phone: (818) 702-0100 ♦ Fax: (818) 960-0167

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 this form. If you do not see a specific provider or service, you must request an authorization. You may also visit our website www.capcms.com for a list of specialists and to submit a request for authorization. **All lab work must be referred to Quest Diagnostics.** All claims will be reviewed for appropriateness. **ONE SPECIALTY PER DIRECT REFERRAL.**

PATIENT	Patient Name:	DOB:	Member ID:
	Health Plan:	ICD 10 Code:	
	Diagnosis:		
PROVIDER	Provider / Specialist:		Phone:
	Address:		Appt. Date & Time:
	PCP Signature	PCP Name (Please print):	Today's Date:

ALL LAB WORK MUST BE REFERRED TO QUEST DIAGNOSTICS

CARDIOLOGY Chest Pain / Angina – ICD9 in 786.50-786.59, 413.0-413.9 <input type="checkbox"/> Initial Consult 99203 <input type="checkbox"/> One Follow-Up 99214 <input type="checkbox"/> One EKG (Range 93000-93010) OTHER <input type="checkbox"/> Pacemaker Checks – CPT in 93724-93744, ICD9 426.0-428.9	Diabetic – ICD9 250.51 or 250.93 AND 362.0 Glaucoma w/elevated pressures – ICD9 in 365.00-365.90 <input type="checkbox"/> Initial Consult 92002 OR <input type="checkbox"/> One Follow-Up or Yearly Exam 92012 Foreign Body on the Eye – ICD9 in 930.0 – 930.9 <input type="checkbox"/> Initial Consult 92002 <input type="checkbox"/> Remove Metallic w/ Slit Lamp – CPT 65222 <input type="checkbox"/> Remove Metallic w/o Slit Lamp – CPT 65220 <input type="checkbox"/> Remove Foreign Body from Sclera – CPT 65210 Cornea Ulcer – ICD9 370.00, 370.01, 370.06 <input type="checkbox"/> Initial Consult 99204 (Complex) OR <input type="checkbox"/> Follow-Up 99212 (check one) Retinal Detachment – ICD9 361.05, 361.81 <input type="checkbox"/> Initial Consult 92002 <input type="checkbox"/> Repair – CPT Code 67101 <input type="checkbox"/> Repair w/Sclera Buckle – CPT 67107 <input type="checkbox"/> Repair w/Vitrectomy w/Sclera Buckle – CPT 67108	<input type="checkbox"/> Chest X-Ray 2 views of less – CPT 71010, 71020 <input type="checkbox"/> Abdominal Ultrasound – CPT 76700 Fracture Care – ICD9 in 800.00-848.9 <input type="checkbox"/> Wrist 73100 <input type="checkbox"/> Hand 73120 <input type="checkbox"/> Hip 73500 – 73510 <input type="checkbox"/> Pelvis 72170 <input type="checkbox"/> Knee 73560 <input type="checkbox"/> Ankle 73600 <input type="checkbox"/> Cervical 72040-72050 <input type="checkbox"/> Lumbar 72100-72110 <input type="checkbox"/> Shoulder – 73030 <input type="checkbox"/> Femur – 73550 <input type="checkbox"/> Tibia / Fibula – 73590 <input type="checkbox"/> Humerus - 73060 Breast Screening – ICD9 in V76.10-V76.12 <input type="checkbox"/> Mammogram < age 40 with risk factors every 2 years > age 40 and every year > age 50 – CPT 76092 <input type="checkbox"/> G0202 Screening, Digital, Bilateral, All Views <input type="checkbox"/> G0204 Diagnostic, Digital, Bilateral, All Views <input type="checkbox"/> G0206, Diagnostic, Digital, Unilateral, All Views Headache w/CNS – ICD9 in 780.01–780.09 Loss of Consciousness – ICD9 780.09 Syncope – ICD9 780.02 Seizures – ICD9 780.39 <input type="checkbox"/> Head CT Scan – CPT 70460
NEPHROLOGY Proteinuria – ICD9 791.0 Diabetic Patient w/Renal Manifestation – ICD9 250.40 <input type="checkbox"/> Initial Consult 99203	ORTHOPEDIC Fracture Care – ICD9 in 800.00-848.9 <input type="checkbox"/> Initial Consult 99203 <input type="checkbox"/> Two Follow-Ups 99213 <input type="checkbox"/> Casting – CPT 29000 – 29799 X-Rays as indicated – See Radiology Below All Surgeries require prior authorization	ULTRASOUND Breast Lump or Mass – ICD9 611.72 <input type="checkbox"/> Breast – CPT 76645 Abdominal / Pelvic – ICD9 in 789.00-789.09, 789.30-789.39 <input type="checkbox"/> Abdominal – CPT 76700 Ovarian Cyst – ICD9 620.0-620.2 Fibrosis of the Uterus – ICD9 in 218.0-218.9 Intrauterine Fetal Death – ICD9 768.0 <input type="checkbox"/> Pelvic – CPT 76856 R/O DVT – ICD9 451.0-453.9 <input type="checkbox"/> Doppler – CPT 93965, 93970, 93971 Confirm DX Hydrocele – ICD9 603.0-603.9 Confirm DX Testicular Mass – ICD9 608.89 Confirm DX torsion of Testicle – ICD9 608.2 <input type="checkbox"/> Scrotum and Content - 76870
NEUROLOGY Seizures, new onset or uncontrolled – ICD9 345.90 or 345.91 <input type="checkbox"/> Initial Consult 99203	PODIATRY Diabetic – ICD9 250.60-250.73 Painful Bunions – ICD9 727.1 Hammertoe – ICD9 735.4, 755.66 Infected Ingrown Toenail – ICD9 703.0 <input type="checkbox"/> Initial Consult 99203 <input type="checkbox"/> Avulsion of Nail Plate CPT 11730, 11732 – ICD9 703.0	
OBSTETRICS AND GYNECOLOGY Well Women Care (Annual) – ICD9 V72.31 Ectopic Pregnancy – ICD9 761.4 or in 633.00-633.91 Spontaneous / Missed Abortion – ICD9 362-634.9 Abnormal Pap (After repeat Pap) – ICD9 in 795.00-795.09 <input type="checkbox"/> Initial Consult 99203 (Must code ICD9 from above) OTHER <input type="checkbox"/> Total OB Care – CPT 59400 or 59510; ICD9 V22.2 <input type="checkbox"/> Ultrasound (x1) for Ectopic 76801 or 76805; ICD9 above <input type="checkbox"/> NST – CPT 59025 (Must code ICD9 DX) <input type="checkbox"/> Amniocentesis CPT 59000 or 59001 Must code ICD9 DX)	UROLOGY Elevated PSA – ICD9 790.93 Hydrocele, Testicular Mass or Torsion – (Use ICD9 above) <input type="checkbox"/> Initial Consult 99203 (as applicable, include ultrasound CPT 76870)	

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 PRUDENT MEDICAL GROUP 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.