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| Prudent Medical Group | **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](http://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.** | |

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

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

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| **CARDIOLOGY** |
| **Chest Pain / Angina** – ICD9 in 786.50-786.59, 413.0-413.9 |
| Initial Consult 99203  One Follow-Up 99214  One EKG (Range 93000-93010) |
| **OTHER** |
| Pacemaker Checks – CPT in 93724-93744,  ICD9 426.0-428.9 |

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| **GENERAL SURGERY** |
| **Cholecystitis w/ documented stones** –  ICD9 in 574.00-574.91 or 575.0 or 575.10-575.12  **Breast Mass** – ICD9 611.72  **Hernia Evaluation** – ICD9 in 550.00-550.93  **Acute Abdomen** – ICD9 in 789.00-789.90 |
| Initial Consult 99203 |

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| **NEPHROLOGY** |
| **Proteinuria** – ICD9 791.0  **Diabetic Patient w/Renal Manifestation** – ICD9 250.40 |
| Initial Consult 99203 |

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| **NEUROLOGY** |
| **Seizures, new onset or uncontrolled** – ICD9 345.90 or 345.91 |
| Initial Consult 99203 |

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| **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 |
| Initial Consult 99203 (Must code ICD9 from above) |
| **OTHER** |
| Total OB Care – CPT 59400 or 59510; ICD9 V22.2  Ultrasound (x1) for Ectopic 76801 or 76805; ICD9 above  NST – CPT 59025 (Must code ICD9 DX)  Amniocentesis CPT 59000 or 59001 Must code ICD9 DX) |

**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.

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| **OPHTHALMOLOGY** |
| **Diabetic** – ICD9 250.51 or 250.93 **AND** 362.0  **Glaucoma w/elevated pressures** – ICD9 in 365.00-365.90 |
| Initial Consult 92002 **OR**  One Follow-Up or Yearly Exam 92012 |
| **Foreign Body on the Eye** – ICD9 in 930.0 – 930.9 |
| Initial Consult 92002  Remove Metallic w/ Slit Lamp – CPT 65222  Remove Metallic w/o Slit Lamp – CPT 65220  Remove Foreign Body from Sclera – CPT 65210 |
| **Cornea Ulcer** – ICD9 370.00, 370.01, 370.06 |
| Initial Consult 99204 (Complex) **OR**  Follow-Up 99212 (check one) |
| **Retinal Detachment** – ICD9 361.05, 361.81 |
| Initial Consult 92002  Repair – CPT Code 67101  Repair w/Sclera Buckle – CPT 67107  Repair w/Vitrectomy w/Sclera Buckle – CPT 67108 |

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| **ORTHOPEDIC** |
| **Fracture Care** – ICD9 in 800.00-848.9 |
| Initial Consult 99203  Two Follow-Ups 99213  Casting – CPT 29000 – 29799  **X-Rays as indicated – See Radiology Below**  **All Surgeries require prior authorization** |

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| **PODIATRY** |
| **Diabetic** – ICD9 250.60-250.73  **Painful Bunions** – ICD9 727.1  **Hammertoe** – ICD9 735.4, 755.66  **Infected Ingrown Toenail** – ICD9 703.0 |
| Initial Consult 99203  Avulsion of Nail Plate CPT 11730, 11732 – ICD9 703.0 |

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| **UROLOGY** |
| **Elevated PSA** – ICD9 790.93  **Hydrocele, Testicular Mass or Torsion** – (Use ICD9 above) |
| Initial Consult 99203  (as applicable, include ultrasound CPT 76870) |

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| **RADIOLOGY – SAMARITAN IMAGING CTR / RENAISSANCE IMAGING (FREE STANDING ONLY)** | | |
| Chest X-Ray 2 views of less – CPT 71010, 71020  Abdominal Ultrasound – CPT 76700 | | |
| **Fracture Care** – ICD9 in 800.00-848.9 | | |
| Wrist 73100  Hand 73120  Hip 73500 – 73510  Pelvis 72170  Knee 73560  Ankle 73600 | | Cervical 72040-72050  Lumbar 72100-72110  Shoulder – 73030  Femur – 73550  Tibia / Fibula – 73590  Humerus - 73060 |
| **Breast Screening** – ICD9 in V76.10-V76.12 | | |
| Mammogram | < age 40 with risk factors every 2 years  > age 40 and every year  > age 50 – CPT 76092 | |
| G0202 Screening, Digital; Bilateral, All Views  G0204 Diagnostic, Digital, Bilateral, All Views  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 | | |
| Head CT Scan – CPT 70460 | | |

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| **ULTRASOUND** |
| **Breast Lump or Mass** – ICD9 611.72 |
| Breast – CPT 76645 |
| **Abdominal / Pelvic**- ICD9 in 789.00-789.09, 789.30-789.39 |
| 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 |
| Pelvic – CPT 76856 |
| **R/O DVT** – ICD9 451.0-453.9 |
| 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 |
| Scrotum and Content - 76870 |