

Direct Access Referral Form

Complete all sections of the form and give original to the member. No additional authorization is needed. Retain copy in patient records.

<i>Member Ir</i> Full Name _		Date of Birth			Gender □M □		□F	
Phone Num	ber	Health Plan Member		ber ID# _				
PCP Name _		PCP Phone # PCP Fax #			P Fax #			
		Diagn	osis					
ICD code	code Dx description ICD code Dx description							
		Requested Specia	alist/Provider					
Name				Spe	cialty			
Address			Citv	State	Zip	Code		
QTY	OUTPATIENT VISITS							
	99201 - 99204		New Pat	ient Consults				
	99211 - 99214		Established Patient Follow-Up					
QTY	PHYSICAL THERAPY							
	MCR - 9 series MCL - X codes	Physic	al Therapy Evalu	ation and 2 treatmo	ent visits			
QTY	X-RAYS							
	73560 - 73660		Lower Leg	g, Ankle & Foot				
	73090 - 73140		Forearm & Hand					
	73030 - 73085		Shoulder & Upper Arm Pelvic Region & Thigh Thorax (Chest) Ribs, Sternum & Sternoclavicular Joint(s)					
	73501 - 73552							
	71045 - 71048							
	71100 - 71130	R						
	72020, 72040, 72070 - 72082		Spine	(1-3 views)				
QTY	MAMMOGRAPHY							
	77053 – 77054, 77061 - 77067		Breast	t Screening				
QTY	ULTRASOUND							
	76813 - 76817		Other Fet	tal Evaluations	_			_
	76536 - 76800		Neck, Thorax, Abdomen & Spine					
	76830 - 76873		Male & Fe	male Genitalia				
QTY	DEXA SCAN							
	77080 - 77081		Dual Energy X-	ray Absorptiometry	v			

QTY	OTOLARYNGOLOGY/ENT				
	69210	Cerumen Removal			
	31231	Nasal Endoscopy			
	92511	Nasopharyngoscopy			
	30901	Cauterization of Epistaxis			
	69200	Removal of Foreign Body in Ear			
	69420	Myringotomy			
	92552	Pure Tone Audiometry			
	92557	Comprehensive Audiometry			
	92567	Tympanometry			
	10021	Fine Needle Aspiration			
	95992	Epley Maneuver			
QTY	LAB				
	81015	UA Microscopic			
	81000	UA Dipstick			
	81025	Urine Pregnancy Test			
QTY	OB CARE				
	59400	Total OB Care (w/2 utz)			
	76801 - 76817	Other Fetal Evaluations			
QTY	OPHTHALMOLOGY				
	92002 - 92004	Eye Exam New Patient			
	92012 - 92014	Eye Exam & Tx. Established Pt.			
	92134	OCT for retina			
QTY	PODIATRY				
	11720	Debride Nail 1-5			
	11055	Trim Skin Lesion			
	11721	Debride Nail 6 or more			
QTY	CARDIOLOGY				
	93306	Transthoracic Echocardiogram (TTE)			
	93000	EKG			
QTY	SCREENING				
	45378 – 45382, 45385	Colonoscopy Screening and Tumor/ Polyp Removal			
	G0105 or G0121	Colorectal Screening			
	84152, 84153, 84165	Prostate Specific Antigen complexed			
	52000	Cystoscopy			

QTY	MISCELLANEOUS			
	11010	Debride skin at fx site		
	11011	Debride skin musc at fx site		
	11042	Debride skin tissue 20 SQ CM		
	11043	Debride musc/fascia 20 sq cm		
	11044	Debride Bone 20 sq		
	11045	Debride subq tissue add on		
	11046	Debride musc/fascia add on		
	11047	Debride bone add on		
	11055	Trim skin lesion		
	11056	Trim skin lesion 2 to 4		
	11057	Trim skin lesion over 4		
	11102	Tangntl bx skin single lesion		
	11103	Tangntl bx skin single each sep/additional		
	11104	Punch bx skin single lesion		
	11105	Punch bx skin each sep/additional		
	11106	Incal bx skin single lesion		
	11107	Incal bx skin each sep/additional		

Referring Provider Signature		1	Date
Referring Provider		Phone #	Fax#
	Print name		

This form does not guarantee payments by Imperial Health Holdings Medical Group or the health plan. Responsibility for payment shall be subject to member's eligibility, benefit limitations and the interpretations of benefits under applicable subrogation and coordination of benefit rules. This form is not considered valid if not signed by requested provider. Imperial Health Holdings requires a copy of this direct referral form to be submitted with the claim for payment. Services must be rendered by an Imperial Health Holdings MG contracted provider.