

Direct Access Referral Form EXNV

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

***Member Information***

**Full Name Date of Birth \_ Gender M F**

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**Phone Number Health Plan Member ID# \_**

**PCP Name PCP Phone # \_ PCP Fax # \_**

***Diagnosis***

**ICD code \_ Dx description ICD code Dx description \_**

***Requested Specialist/Provider***

**Name \_ Specialty**

**Address City State \_ Zip Code Phone # \_ Fax #**

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| **QTY** | **OUTPATIENT VISITS** | |
| 1 | 99201 - 99204 | New Patient Consults |
|  | 99211 – 99214 | Established Patient Follow-Up **(Up to 3 Visits)** |
| **QTY** | **PHYSICAL THERAPY** | |
|  | MCR - 9 series MCL - X codes | Physical Therapy Evaluation and 2 treatment visits |
| **QTY** | **X-RAYS** | |
|  | 73560 - 73660 | Lower Leg, Ankle & Foot |
|  | 73090 - 73140 | Forearm & Hand |
|  | 73030 - 73085 | Shoulder & Upper Arm |
|  | 73501 - 73552 | Pelvic Region & Thigh |
|  | 71045 - 71048 | Thorax (Chest) |
|  | 71100 - 71130 | Ribs, Sternum & Sternoclavicular Joint(s) |
|  | 72020, 72040, | Spine (1-3 views) |
| 72070 - 72082 |
| **QTY** | **MAMMOGRAPHY** |  |
|  | 77053 – 77054,  77061 - 77067 | Breast Screening |
| **QTY** | **ULTRASOUND** | |
|  | 76813 - 76817 | Other Fetal Evaluations |
|  | 76536 - 76800 | Neck, Thorax, Abdomen & Spine |
|  | 76830 - 76873 | Male & Female Genitalia |
| **QTY** | **DEXA SCAN** | |
|  | 77080 - 77081 | Dual Energy X-ray Absorptiometry |

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| **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** | **OPTHAMOLOGY** |  |
|  | 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** | **HOME HEALTH** |  |
|  | G0299-G0300 | Skilled Nurse Visit (RN or LVN) Evaluation |
|  | 52000 | Cystoscopy |

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| **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 eachsep/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 Date Referring Provider Phone # Fax#

**Print name**

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