IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

Direct Access Referral Form

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

Member Information

Full Name _____ **Date of Birth** _____ **Gender** ☐ **M** ☐ **F**
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 #** _____

E/M VISITS INCLUDING BEHAVIORAL HEALTH	
99201 - 99203	New Patient Consults (straightforward to moderate complexity)
99204 - 99205	New Patient Consults (high to comprehensive complexity)
99211 – 99215	Established Patient Follow-Up **(Up to 3 Visits)**
99244- 99245	Office Consult New or Established (comprehensive)
99384 -99386	Preventive Services
99394 -99396	Preventive Services
INPATIENT VISIT	
99221- 99223	Inpatient Visit New or Established
99231 - 99233	Subsequent Hospital Inpatient or Observation Care
99238 -99239	Hospital Inpatient or Observation Discharge Services
SNF E/M VISIT	
99304 -99306	SNF E/M Visit
99307- 99310	Subsequent SNF E/M Visit
PHYSICAL THERAPY	
MCR - 9 series MCL - X codes	Physical Therapy Evaluation and 2 treatment visits
97110	Therapeutic Exercise
97112	Neuromuscalar Re-education
97116	Gait Training
97140	Manual Therapy
97150	Group Therapy
97530	Therapeutic Activities
97535	Self-Care/Home Management Training
X3900	Single modality to one area; initial 30 mins
X3902	Single modality to one area; each additional 15 mins
X3904	Single procedure to one area; initial 30 mins
X3906	Single procedure to one area; each additional 15 mins
X3920	Any of the tests and measurement; initial 30 mins, plus report
X3922	Any of the tests and measurement; each additional 15 mins, plus report
X3932	Home or long-term care facility visit

LAB	
81015	UA Microscopic
81000	UA Dipstick
81025	Urine Pregnancy Test
OB CARE	
59409	Provider Vaginal Delivery/Antepartum and Postpartum Care
59514	Cesarian Delivery and Same Day Antepartum/Postpartum Care
76801 - 76817	Other Fetal Evaluations
OPTHAMOLOGY	
92002 - 92004	Eye Exam New Patient
92012 - 92014	Eye Exam & Tx. Established Pt.
92134	OCT for retina
PODIATRY	
11720	Debride Nail 1-5
11055	Trim Skin Lesion
11721	Debride Nail 6 or more
CARDIOLOGY	
93306	Transthoracic Echocardiogram (TTE)
93000	EKG
SCREENING	
45378 – 45382, 45385	Colonoscopy Screening and Tumor/ Polyp Removal
G0105 or G0121	Colorectal Screening
84152, 84153, 84165	Prostate Specific Antigen complexed
UROLOGY	
52000	Cystoscopy
HOME HEALTH	
G0299-G0300	Skilled Nurse Visit (RN or LVN) Evaluation
52000	Cystoscopy
PAIN MANAGEMENT	
G0480 - G0483	Drug Test 1-7 Classes, 8-14 Classes, 15-21 Classes, and 22+ Classes

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, 72070 - 72082	Spine (1-3 views)
MAMMOGRAPHY	
77053 -77054, 77061 -77067	Breast Screening
ULTRASOUND	
76801 -76812	
76813 - 76817	Other Fetal Evaluations
76536 - 76800	Neck, Thorax, Abdomen & Spine
76830 - 76873	Male & Female Genitalia
DEXA SCAN	
77080 - 77081	Dual Energy X-ray Absorptiometry
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

PAIN MANAGEMENT	
80307	Drug Test PRSMV Chem Anlyzr
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_____ **Date**_____

Referring Provider_____ **Phone #**_____ **Fax#** _____

Print name

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