

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.

Member Information Full Name		Date of Birth		Gender \square M \square 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					<i>I</i>
		Ci Fax #		State	
QTY	OUTPATIENT VISITS (Including E				
1	99201 - 99204	,	New Pa	itient Consults	
	99211 – 99214	Establish	Established Patient Follow-Up (Up to 3 Visits)		
QTY	PHYSICAL THERAPY				
	MCR - 9 series MCL - X codes	Physical Th	nerapy Evalı	uation and 2 treatment v	isits
QTY	X-RAYS				
	73560 - 73660		Lower Le	eg, Ankle & Foot	
	73090 - 73140		Forearm & Hand Shoulder & Upper Arm Pelvic Region & Thigh Thorax (Chest) Ribs, Sternum & Sternoclavicular Joint(s)		
	73030 - 73085				
	73501 - 73552				
	71045 - 71048				
	71100 - 71130	Ribs, S			
	72020, 72040, 72070 - 72082		Spine	e (1-3 views)	
QTY	MAMMOGRAPHY				
	77053 – 77054, 77061 - 77067		Breas	st Screening	
QTY	ULTRASOUND				
	76813 - 76817		Other Fe	etal Evaluations	
	76536 - 76800	N	eck, Thorax	, Abdomen & Spine	
	76830 - 76873		Male & F	emale Genitalia	
QTY	DEXA SCAN				
	77080 - 77081	Di	ial Enormy V	-ray Absorptiometry	

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 Comprehensive Audiometry		
	92557			
	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		
	UROLOGY			
	52000	Cystoscopy		
QTY	PAIN MANAGEMENT			
	G0480 – G0483	Drug Test 1-7 Classes, 8-14 Classes, 15-21 Classes, and 22+ Classes		
	80307	Drug Test PRSMV Chem Anlyzr		

QTY №	IISCELLANEOUS	
	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		

This form does not guarantee payments by Imperial Insurance Companies, Inc. 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 Insurance Companies requires a copy of this direct referral form to be submitted with the claim for payment. Services must be rendered by an Imperial Insurance Companies contracted provider.