



IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

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 ☐ 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 # _____

QTY	OUTPATIENT VISITS (Including Behavioral Health)	
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, 72070 - 72082	Spine (1-3 views)
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

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	OPHTHAMOLOGY	
	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
QTY	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	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