

# Maternal Fetal Medicine Referral Form

## Patient Information

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_  Cell  Home  Work

## Insurance Information (Please fill in completely.)

Company name \_\_\_\_\_

ID number \_\_\_\_\_ Group number \_\_\_\_\_

*If required, prior authorization is the responsibility of the referring provider, by insurance guidelines. Thank you.*

## Maternal History

LMP \_\_\_\_\_ EDD \_\_\_\_\_ (by US or LMP) IUI or IVF \_\_\_\_\_

G \_\_\_\_ P \_\_\_\_ Term \_\_\_\_ Preterm \_\_\_\_ SAB \_\_\_\_ TAB \_\_\_\_ Ectopic \_\_\_\_ Stillbirth \_\_\_\_ Living children \_\_\_\_

Allergies \_\_\_\_\_ Blood type \_\_\_\_\_ RH \_\_\_\_\_ Antibody screen \_\_\_\_\_

Reason for referral: \_\_\_\_\_  Twins  Triplets  IVF  Surrogate

**New Referral Bundled Coding** (Please obtain authorization for all code bundles, in the event further imaging or consultation is needed for your patient at the time of their visit.)

**FIRST TRIMESTER SCREENING/NUCHAL TRANSLUCENCY**  
**CPT codes:** 76801, 99245, 76805, 76817, 76813  
**Twins add additional codes:** 76802, 76814, 76810

**14-17 WEEKS ULTRASOUND AND CONSULT**  
**CPT codes:** 76805, 76811, 76817, 99245, 99215, 76820, 76821, 76815, 76816, 76805, 76819  
**Twins add additional codes:** 76812, 76810

**>17 WEEKS COMPREHENSIVE ULTRASOUND AND CONSULT**  
**CPT codes:** 76811, 76817, 99245, 76820, 76821, 76815, 76816, 76805, 76819  
**Twins add additional codes:** 76812, 76810

**FOLLOW-UP ULTRASOUND**  
**CPT codes:** 76816, 76817, 76819, 76820, 76821, 99215

**AMNIOCENTESIS/CVS:**  
*(Please send prenatal labs.)*  
**CPT codes:** 76946, 76945, 510915, 59000, 76811, 76815, 76819, 99244

**LAB CODES: 82106, 88235, 88269, 88280, 88285, 81229**

**GENETIC COUNSELING**  
**CPT codes:** 96040 x 2, private insurance, 81420 NIPT, S0265 x 4: Med-Cal

**PRECONCEPTION CONSULTATION**  
**CPT codes:** 99244, 99245

**DIABETES MANAGEMENT**  
**CPT codes:** 97802 x 4, 97803 x 10, 97804 x 4  
**\*\*\*PLEASE ALSO CHECK OFF AND OBTAIN CODES FOR COMPREHENSIVE ULTRASOUND and CONSULTATION.\*\*\***

**HYPERTENSION MANAGEMENT**  
**CPT codes:** 99473, 99474, 99245, 99215x10  
**\*\*\*PLEASE ALSO CHECK OFF AND OBTAIN CODES FOR COMPREHENSIVE ULTRASOUND and CONSULTATION.\*\*\***

**DELIVERY AT LLU CHILDREN'S HOSPITAL**  
*(Please send all prenatal records at 35 weeks.)*

**TRANSFER OF CARE REQUEST INDICATION:**  
 Fetal anomaly: \_\_\_\_\_  
 Maternal organ dysfunction: \_\_\_\_\_  
 Insulin pump management  
 Placenta accreta  
 Twin or higher order pregnancy  
 Other: request MFM peer-to-peer review  
Requesting physician contact number: \_\_\_\_\_

Referring provider \_\_\_\_\_ Physician signature \_\_\_\_\_

Clinic name \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

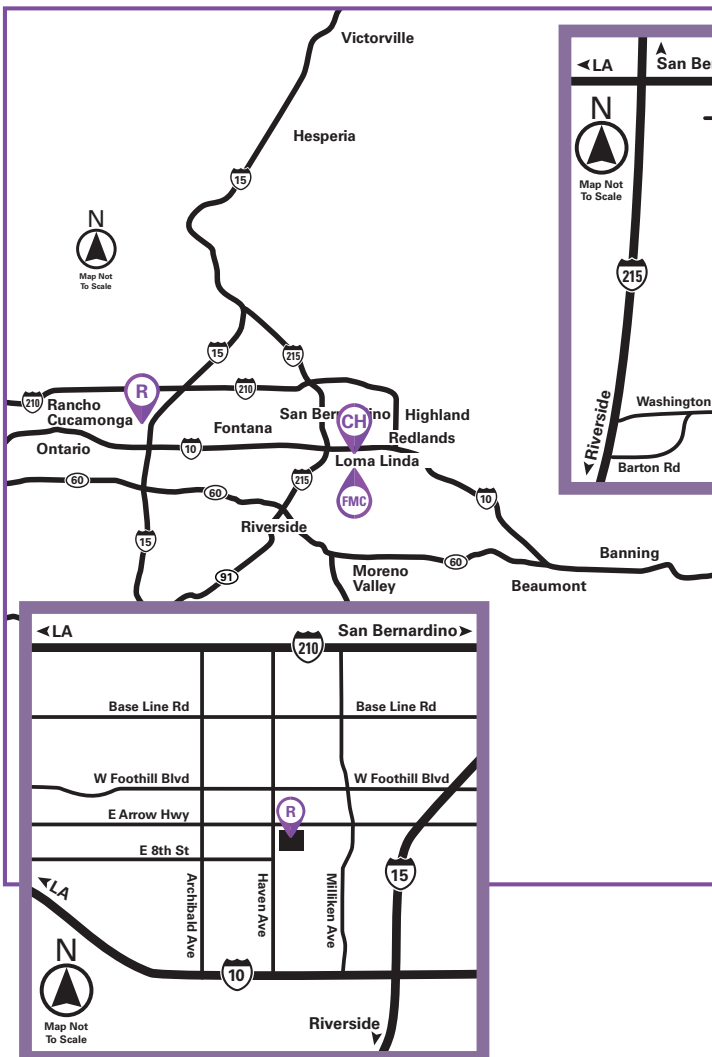
For all other transfer of care requests, please contact SACH or FMO.

SACH: 909-382-7100

FMO: 909-558-2806

## Submission and Authorization Guide

- » Please complete form in full, including physician signature.
  - » Please include authorizations for all patients as needed, specifically HMO insurance.
  - » Please use codes listed with each requested service as a reference when completing the insurance authorization that accompanies the referral.
  - » The scheduling of consults and transfers of care is prioritized based on severity of illness. **If requesting a full transfer, it is very important that prenatal care is continued until the patient has begun care with our group.**
  - » Please include all records regarding the current pregnancy (and past, if applicable) including, all prenatal records, ultrasound reports, lab reports, pap, first and second trimester screening and diagnostic testing. Additional records that support maternal medical conditions are also requested.
- » **The NPI and Tax ID is:**  
**NPI: 1861892705**  
**Tax ID: 33-0672915**
  - » **Please return form with records and authorization for care with Loma Linda University Health Care Gynecology and Obstetrics:**  
**Fax: 909-558-0739**  
**Phone: 909-651-5977**  
**Email: mfmreferrals@llu.edu**
  - » **Circle the preferred location of service from the locations listed below.**



**R** **Loma Linda University Health – Rancho Cucamonga**  
8599 Haven Avenue, Suite 102  
Rancho Cucamonga, CA 91730

**CH** **Loma Linda University Children's Hospital**  
11234 Anderson Street  
Loma Linda, CA 92354

**FMC** **Loma Linda University Faculty Medical Clinic**  
11370 Anderson Street  
Loma Linda, CA 92354

### OUR PHYSICIANS

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