LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

Address _____

Phone _____ Fax _____

Pediatric Cardiology Referral Request

Phone: 909-558-4207 | Fax: 909-651-4257



Patient Information

| Patient Information | | |
|---|--------------------------------|------------------------|
| Does the patient live with someone other than the legal | I guardian? □ No □ Yes, r | elationship |
| Name | _DOB | _ Age |
| Parent/guardian | | |
| Parent/guardian phone number | | _ □ Cell □ Home □ Work |
| Insurance information | | |
| | | |
| Please select the type of referral: □ STAT □ Ur If STAT or Urgent, please call our doctor-to-doctor Please describe the patient's chief complaint | line at 909-558-0099. | |
| To optimize appointment scheduling, please provide or fax to 909-651-4257. • This completed form • Progress notes related to the condition • A copy of the patient's insurance card • If authorization is required, was authorization submit ~ If yes, please provide authorization number: | ted? □ Yes □ No □ Not a | |
| Please notify the patient to call our Schedu | ling Line to make an appoint | ment: 909-558-4207 |
| Referring provider information Provider name_ | Provider signature | |

City _____ State____ ZIP code_____

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Initial Visit/New Patient Consult Code(s):

99241-99245, OK to approve 99244 or higher

Established Patient/Follow Up Code(s):

99211-992151, OK to approve 99214 or higher

Following code to be requested with office visit consult or follow up. This code is **NOT** a requirement but it is preferred. If you are unable to approve EKG code, clinic will still see patient. **Clinic will not see EKG-only referrals**.

☐ EKG – ELECTROCARDIOGRAM

CPT code: 93000

Reference Information

Important Notes

- Request follow up code range plus designated codes as requested.
- Authorizations with EKG only should be approved to Cardiac Diagnostic Lab.
- Please request an echocardiogram for all new patients with the diagnosis of hemangioma and Kawasaki.
- Request office visit code plus designated CPT codes listed below if indicated on referral shell.
 Please do not request these codes to be added to an existing SAR as these codes are both covered under CCS SAR grouping code SCG01.
 - Prothrombin time CPT code 85610 and Partial thromboplastin time CPT code 85730.
- PPO Echo (satellite only): Only request 99303 bundle code.
- PPO Echo (IHI only): Only request 93306 bundle code.
- CCS: ECHO and physician visits must have separate referral shells. Please use approved SAR number on both referral shells.
- ZIO patch is not covered under CCS and can be performed at Pediatric Cardiology satellite locations.

☐ PRO-TIME – PROTHROMBIN TIME

CPT code: 85610

☐ THROMBOPLASTINTIME, PARTIAL – PARTIAL THROMBOPLASTINTIME

CPT code: 85730

Ancillary Procedures - Conducted in the Cardiac Diagnostic Lab Tax ID #46-3214504

□ ECHOCARDIOGRAM

CPT codes: 93303 - Echo transthoracic, congenital anomalies, complete

93304 - Echo transthoracic, congenital anomalies, limited

93306 - Echo heart transthoracic, complete with doppler

93307 - Echo heart transthoracic, complete with out doppler

93308 - Echo heart transthoracic, limited

93320 - Doppler echo heart, complete

93321 - Doppler echo heart, complete

93325 - 93325 - Doppler color flow velocity map

LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

AC Financial Services Reference Guide Pediatric Cardiology

□ 24 HR HOLTER MONITOR

CPT codes: 93225 - Ext. ECG record up to 48 hour, recording

93226 – Ext. ECG record up to 48 hour, scan analysis with report 93227 – Ext. ECG record up to 48 hour, physician review/interpret

□ EVENT MONITOR

CPT codes: 93270 - Ext. ECG, Pt. demand event, sympt memory loop, recording

93271 - Ext. ECG, Pt. demand event, sympt memory loop, transmission and analysis

93272 - Ext. ECG, Pt. demand event, sympt memory loop, physician review/interpret

93228 - Ext. mobile CV telemetry, physician review/interpret with report

93229 - Ext. mobile CV telemetry, with technical support

☐ TREADMILL WITH/WITHOUT BRONCHO SPASM

CPT codes: 94620 - Pulmonary stress testing, simple

93016 - Cardiac stress test, supervision only

93017 - Cardiac stress test, tracing only

93018 - Cardiac stress test, review/interpret with report only

☐ HOLTER 3-14 DAY PATCH (ZIO PATCH)

CPT codes: 0296T – Ext. ECG 48 hours/21 days recording

0297T - Ext. ECG 48 hours/21 days scanning with report

0298T - Ext. ECG 48 hours/21 days review/interpret

□ TILT TABLE

CPT code: 93660 – Tilt table evaluation

□ PULSE O2 SATURATION

CPT code: 94760 – Noninvasive oxygen saturation, single

□ METABOLIC STRESS TEST

CPT codes: 94620 – Pulmonary stress testing, simple

94621 - Cardiac stress test, supervision only

93017 - Pulmonary stress testing, complex

93016 - Cardiac stress test, supervision only

93018 - Cardiac stress test, review/interpret only

Clinic Contact Info:

Carrie Stehr, Supervisor Ext. 87183

EPIC DEPARTMENT NAME AND ID

FMGHT PEDS CARDIO 100206002 FMGSA PEDS CARDIO 100236005 MURR PEDS CARDIOLOGY 100212012 FMGHP PED CARD 100228001

Do not contact line staff directly.

