

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: 96041 x 6, 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 TO MFM CARE INDICATION:
CPT code: 59400
 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: 1366866345

Tax ID: 46-3214504

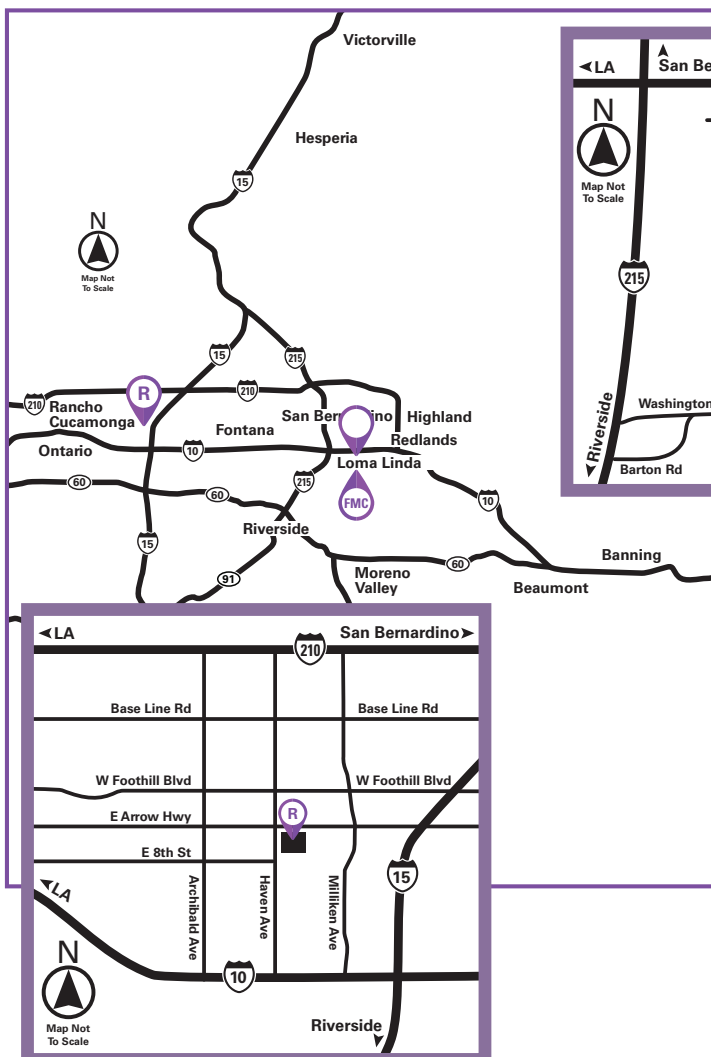
» **Please return form with records and authorization for care with Loma Linda University Health Care Gynecology and Obstetrics:**

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 Clinics
11370 Anderson Street
Loma Linda, CA 92354

OUR PHYSICIANS

Ray Abdinader, MD

Ciprian Gheorghe, MD, PhD

Shravya Govindappagari, MD

Lynn McLean, MD

Ruofan Yao, MD, MPH



LOMA LINDA
UNIVERSITY

CHILDREN'S
HOSPITAL

HEALING. HEALTHY. HAPPY.
A Seventh-day Adventist Organization