

Use for **MEDICARE/MEDI-MEDI/COMMERCIAL**

# Direct Referral Form

Referrals DO NOT guarantee eligibility



## Allied Pacific of California

We Understand and We Care

**“DO NOT USE FOR MEDI-CAL MEMBERS”**  
**Please check eligibility before rendering services.**

Date of Service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last name First name*

Address: \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Health Plan: \_\_\_\_\_ Member ID: \_\_\_\_\_

Requested Specialist: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Tel # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Referral: (Diagnosis/Findings + ICD10 Code)

ICD 10: \_\_\_\_\_ Findings: \_\_\_\_\_

- INITIAL CONSULTATION (**Medicare & Medi-Medi ONLY**) – Member must take progress notes, lab reports, x-rays reports etc to consult. **Not for Tertiary Level requests or Non-Contracted providers.**
- ALL IMAGING MUST BE COMPLETED BY ALLIED PACIFIC IPA CONTRACTED PROVIDERS.
- ALL OTHER RADIOLOGICAL services not listed below require prior authorization.
- POSITIVE BONE FRACTURE are DIRECT REFERRAL. NO prior authorization needed.

- |   |   |
|---|---|
| <input type="checkbox"/> 99203 Initial Specialist Consultation (Podiatry 99202) | <input type="checkbox"/> 92004 Optometry (with Diabetes, Glaucoma)    |
| <input type="checkbox"/> 99212 Office follow up (one visit)                     | <input type="checkbox"/> 97810 Acupuncture (1 <sup>st</sup> 6 Visits) |

- 94375 Spirometry**  
By Appointment ONLY:     Alhambra (626) 282-0282     City of Industry (626) 282-0255

### RADIOLOGY SERVICES – Select one

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>Diagnostic Medical Group</b>                   | <input type="checkbox"/> <b>Pacific Imaging</b>       | <input type="checkbox"/> <b>Sun Imaging</b>   | <input type="checkbox"/> <b>Arcadia MRI &amp; Imaging Center</b> |
| <input type="checkbox"/> <b>G0202 Annual Mammography Age: 40 and above</b> | <input type="checkbox"/> 72220 Sacrum – Coccyx        | <input type="checkbox"/> 73090 Forearm        |  |
| <input type="checkbox"/> 70110 Mandible Complete                           | <input type="checkbox"/> 74000 Abdomen ( x-ray )      | <input type="checkbox"/> 73110 Wrist          |  |
| <input type="checkbox"/> 70150 Facial Bones                                | <input type="checkbox"/> 76700 Abdomen ( ultrasound ) | <input type="checkbox"/> 73120 Hand           |  |
| <input type="checkbox"/> 70160 Nasal Series                                | <input type="checkbox"/> 76770 Renal ( ultrasound )   | <input type="checkbox"/> 73140 Fingers        |  |
| <input type="checkbox"/> 70250 Skull <4V                                   | <input type="checkbox"/> 72170 Pelvic ( x - ray )     | <input type="checkbox"/> 73520 Hip            |  |
| <input type="checkbox"/> 71020 Chest                                       | <input type="checkbox"/> 76856 Pelvic ( ultrasound )  | <input type="checkbox"/> 73550 Femur          |  |
| <input type="checkbox"/> 71110 Ribs  | <input type="checkbox"/> 73000 Clavicle               | <input type="checkbox"/> 73562 Knee           |  |
| <input type="checkbox"/> 71120 Sternum                                     | <input type="checkbox"/> 73010 Scapula                | <input type="checkbox"/> 73590 Tibia / Fibula |  |
| <input type="checkbox"/> 72040 Cervical Spine                              | <input type="checkbox"/> 73030 Shoulder               | <input type="checkbox"/> 73610 Ankle          |  |
| <input type="checkbox"/> 72072 Thoracic Spine                              | <input type="checkbox"/> 73060 Humerus                | <input type="checkbox"/> 73630 Foot           |  |
| <input type="checkbox"/> 72100 Lumbar Spine                                | <input type="checkbox"/> 73070 Elbow                  | <input type="checkbox"/> 73660 Toes           |  |

Primary Care Physician: (Print only): \_\_\_\_\_ Tel #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PCP Signature: \_\_\_\_\_ Date: \_\_\_\_\_