West Regional Physicians Network

ProSource MSO, LLC

Direct Authorization Referral

The purpose of this **Direct Referral Form** is to provide direct access to our specialists without requesting an authorization. In order for this direct referral form to be valid, you as **PCP:** (1) Sign and give patient a copy of direct referral. (2) It if not necessary to wait for a prior authorization for direct referral services. (3) Fax this form immediately to (**323) 489-3220** for processing. (4) Services will be covered only if provided by a West Regional Physician Network contracted provider.
CONTRACTED PROVIDER/FACILITY: Send your HCFA/CMS 1500/1450 to West Regional Physician Network c/o ProSource MSO at P.O. Box 10939 San Bernardino, CA 92423 Attn: Claims Department. All claims subject to retroactive review for appropriateness. **Patient may be redirected to other specialists due to contracted hospital and health plan affiliation. ONE REFERRAL PER FORM.**

PATIENT	Patient Name	DOB	Member ID
	Health Plan	LOB	ICD-10: 1. _____ 2. _____ 3_____
	Diagnosis		
PROVIDER	Provider / Specialist		Phone ( )
	Address		Appt. Date & Time
	PCP Signature	PCP Name:	Today's Date

Please verify member eligibility on date of service:

PROCEDURES IN PCP OFFICE ONLY:
- ☐ 93000 EKG

INHALATION THERAPY
- ☐ 94640 Inhalation Treatment

*After three (3) visits prior authorization is required

WELL WOMAN EXAM
- ☐ Q0091/ G0101 (including PAP)
- ☐ 99203/ 99213 (including PAP) Diagnosis Code Z12.4

WOUND TREATMENT
- ☐ Minor Wound Repair/ Suturing, Splint/Cast, and I&D only

(Allowable CPT Codes: 10060, 11100, 11300, 11400, 11420, 11730, 11750, 17000, 17003) CPT Code(s) applied.

VACCINES
- ☐ 90658 Flu
- ☐ 90654, 90656, 90660, 90662, 90672, 90673, 90686, 90688 Influenza
- ☐ 90732 Pneumococcal
- ☐ 90715 Tdap
- ☐ 90460 Administration

SPECIAL PROCEDURE
- ☐ 69210 Removal impacted cerumen

Contracted Radiology:

United Medical Imaging

Contracted LAB

Quest Diagnostics

CONSULTATION ONLY WITH CONTRACTED SPECIALIST:
- ☐ 99201 New Patient Visit
- ☐ 99202 New Patient Visit
- ☐ 99203 New Patient Visit

CARDIOLOGY
- ☐ 93294 Pacemaker Check

OB/GYNECOLOGY
- ☐ 59400 Total OB Care
- ☐ G0101 – Well Woman Exam

OPHTHALMOLOGY
- ☐ 92004 New Patient Visit
- ☐ 92400 + S3000 Annual Diab Exam

ULTRASOUND
- ☐ 74290 – 74291 (to rule out Cholelithiasis)
- ☐ 76700 – 76750 Abdominal
- ☐ 76645 Breast Mass (if recommended after mammogram findings)
- ☐ 76970 Breast Mass
- ☐ 76856 Pelvic

DEXA BONE DENSITY AXIAL
- ☐ 77080 DXA

ORTHOPEDICS
Fracture Care ONLY
- ☐ 99203 Initial Consultation
- ☐ 99213 x 2 F/U Visit
- ☐ 70000-79999 X-Rays in office
- ☐ 23500-23680 Shoulder
- ☐ 24500-24685 Upper Arm
- ☐ 25500-24685 Forearm/Wrist
- ☐ 26600-26785 Hand/Fingers
- ☐ 27500-27566 Femur
- ☐ 27750-27848 Leg (Tibia/Fibula)
- ☐ 28400-28675 Foot/Toes

Casting & Strapping
Circle code that applies:
(29065, 29075, 29105, 29125, 29345, 29425. 29705)
***All surgeries and additional procedures require prior authorization.**

MAMMOGRAMS
SCREENING MAMMONGRAM
- ☐ 77055 or G0202 Ages 40 older annually

DIAGNOSTIC MAMMOGRAM
- ☐ 77055 or G0204 Mammography, Unilateral View
- ☐ 77056 or G0206 Mammography, Bilateral View

***HX of Breast CA, Breast Mass**
***Date of Last Mammogram**
_____/_____/_____

RADIOLOGY
- ☐ 70140 Facial Series
- ☐ 70210 Sinus
- ☐ 70220 Sinus
- ☐ 70260 Skull
- ☐ 71010 Plain Chest X-Ray, 1 View
- ☐ 71020 Plain Chest X-Ray, 2 Views
- ☐ 71100 Ribs, 2 Views
- ☐ 71110 Ribs, 3 Views
- ☐ 71120 Sternum
- ☐ 72040 Spine: Cervical
- ☐ 72069 Scoliosis Screening
- ☐ 72072 Thoracic
- ☐ 72100 Spine: Lumbosacral
- ☐ 73000 Clavicle, Complete
- ☐ 73030 Shoulder, 2 Views
- ☐ 73060 Humerus
- ☐ 73080 Elbow, 2 Views
- ☐ 73090 Forearm, 2 Views
- ☐ 73100 Wrist, 2 Views
- ☐ 73120 Hand, 2 Views
- ☐ 73140 Finger, 2 Views
- ☐ 73500 Hip, 1 View
- ☐ 73520 Hip, 2 Views
- ☐ 73550 Femur, 2 Views
- ☐ 73560 Knee, 1 or 2 Views
- ☐ 73590 Leg, 2 Views
- ☐ 73600 Ankles, 2 Views
- ☐ 73620 Foot, 2 Views
- ☐ 73650 Heel
- ☐ 73660 Toe(s), 2 Views
- ☐ 74000 Abdominal, Single (KUB)
- ☐ 74022 Abdominal Series, Complete
- ☐ 70100. 72100, 73100, 73500, 76100
- ☐ 71100 Extremity bone films to r/o fracture

Referral Policy:

PCP Your member must be referred to contracted specialist provider and utilize the contracted facilities and lab, unless indicated above. Please give this Direct Referral Form to your patient prior to scheduling an appointment. The form must be signed and dated by you.

Member Please schedule an appointment and hand carry this form to the specialist office at that appointment.

Specialist For other services, please use Standard Referral Request and fax to the UM Department at ProSource MSO **(323) 489-3220**. Send all laboratory services to preferred lab-Quest Diagnostics.