



Maternal-Fetal Medicine | Riverside University Health System
 26600 Cactus Avenue, Moreno Valley, CA 92555
 Tel: 951-600-6667 e-Fax: 951-571-8916
 E-mail: HeRCARe@ruhealth.org

WHC | RUHS Maternal Fetal Medicine Referral Form
PLEASE MARK ALL REQUESTS URGENT

Date: ___/___/___ Name: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Phone: H: (___) _____ M: (___) _____ SSN: _____

Insurance: _____ Insurance ID #: _____

G ___ P ___ A ___ LMP: ___/___/___ EDD: ___/___/___ EGA: ___ wks Diagnosis: _____

- Transfer of Care: **Codes Needed:** 59400, 99215, 99205 if Diabetic + age appropriate US (see below)
- Consult & Ultrasound: **Codes Needed:** 99245, + age appropriate US (see below)
- Diabetic Education Only (**Sweet Success**) ** Circle Type → GDM | DM1 | DM 2
Codes Needed: 97802 x 99, 97803 x 99, 97804 x 99, 99211 x 99
**** (Sweet Success referrals for RUHS patients only)**
- Nutrition Consult: **Codes Needed:** Z6200, Z6202, Z6204, Z6208

- Genetic Counseling
Codes Needed: S0265 Medi-Cal, 96040 Insurance, 59000 & 76946 Amnio, 81599 & 81507 NIPT, 76811 US
 Rh → Neg | Pos

Circle any that apply

 AMA Abnormal US Genetic History Abnormal NIPT +AFP→ NTD | T2 | T18 | SLOS | Large NT

- Ultrasound
- 76801 <14wk 76811 Detailed 76813 NT 76817 TVS OB
- Code Needed for 1st trimester serum screen: 84163**
- NST w/AFI Twice weekly Biophysical Profile
- Fetal Echo **Codes Needed:** 76825, 76827, 93325, 99245

Records and labs must be received at time of referral and prior to scheduling for Transfer of Care and Consult
 Prenatal Records, US reports, Prenatal Labs, 1st & 2nd trimester screens

Referring Physician: _____ Facility: _____ Contact: _____

Address: _____ City: _____ Zip: _____

Office Phone: _____ Office Fax: _____ Email: _____