Maternal-Fetal Medicine | Riverside University Health System

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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

 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

 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 | T21 | T18 | SLOS | Large NT

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_