



## Referral Guidelines

Area/Specialty	Unavailable/Out of Medical Scope	Limited/ Subject to Restrictions	Requirements for Referral
<b>Allergy &amp; Asthma</b>	Allergy Testing	# of Providers Pt's County/City	
<b>Cardiology</b>	Chronic Chest Pain	# of Providers Pt's County/City	Pt must be established w/ and actively seeing a PCP; Current Symptoms; At least one abnormal test (ECG, Echo, or Stress imaging)
<b>Dermatology</b>	Mild/acute Acne	# of Providers Pt's County/City	For all rashes, the PCP must try minimum 2 wk treatment & repeat visit prior to referral
<b>Endocrinology</b>	Genetic Testing, Routine Diabetes care	# of Providers Pt's County/City	
<b>ENT</b>	TMJ, Vertigo, Tinnitus, Chronic Hearing Loss	# of Providers Pt's County/City	
<b>Gastroenterology</b>	Screening colonoscopies	# of Providers Pt's County/City	
<b>Gynecology-General</b>	Infertility, Sexual Dysfunction	# of Providers Pt's County/City	If abnormal pap (non-cancerous), proceed w/ HPV testing. If HPV is neg, then repeat pap in 3 mos. Refer after second abnormal pap.
<b>Gynecology-Oncology</b>	Cervical or Breast cancer	# of Providers Pt's County/City	
<b>Infectious Disease</b>	HIV testing/mgmt [Anything covered under Ryan White program]	# of Providers Pt's County/City	
<b>Nephrology</b>		# of Providers Pt's County/City	Labs must be w/i 30 dys of schd appt date. Unless labs meet critical values, the PCP must treat for 30 dys and repeat labs prior to referral.
<b>Neurology</b>	General or chronic pain, Vertigo, Chronic headaches, Carpal tunnel, Chronic trigeminal neuralgia, Untreated idiopathic peripheral neuropathy, Seizures well-controlled on meds	# of Providers Pt's County/City	Pain may be an accompanying diagnosis but not the primary.
<b>Neurosurgery</b>	General or chronic pain, Disc degeneration	# of Providers Pt's County/City	MRI evidence of fixed, progressive neurological



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<b>Ophthalmology</b>	Routine eye exams, Contact lenses, Eye glasses	# of Providers Pt's County/City	
<b>Oral/Maxillofacial</b>	TMJ, Wisdom Teeth, Routine dental	# of Providers Pt's County/City	
<b>Orthopaedic</b>	General or chronic pain, Osteoarthritis, Physical or occupational therapy	Joint replacements; # of Providers Pt's County/City	
<b>Pain Management</b>	Sleep study to diagnose pain	# of Providers Pt's County/City	
<b>Physical Therapy</b>		# of Providers Pt's County/City	
<b>Podiatry</b>	Plantar warts	# of Providers Pt's County/City	
<b>Pulmonology</b>		# of Providers Pt's County/City	
<b>Rheumatology</b>	Osteoarthritis, Fibromyalgia	# of Providers Pt's County/City	
<b>Sleep Disorders</b>		CPAP machines; # of Providers Pt's County/City	
<b>Surgery-General</b>	Screenings	# of Providers Pt's County/City	Definitive diagnosis required prior to referral. Supportive imaging should be attached.
<b>Surgery-Oncology</b>		# of Providers Pt's County/City	Definitive diagnosis required prior to referral. Supportive imaging should be attached.
<b>Surgery-Plastic</b>	Cosmetic procedures, Breast reduction	# of Providers Pt's County/City	
<b>Surgery-Vascular</b>		# of Providers Pt's County/City	
<b>Urology</b>	Infertility, Sexual/erectile dysfunction	# of Providers Pt's County/City	

**General Exclusions:** General pain (**pain will not be an acceptable primary diagnosis**), Transplants, Immunizations, Bariatric surgery, Referrals involving potential/pending lawsuits, Research and experimental treatments, Preventive services, Physicals, OB care.

**General Scheduling Information:** Diagnosis plus ICD-9 Code, Ordering Provider's First Name (som