



Radiology/Imaging Services New Patient Referral Requirements

4650 Sunset Blvd., Mailstop #81, LA, CA 90027
Phone: 323-361-6111 or 6113 or 4104, Fax: 323-361-5169
Physician Referral Hotline: 1-888-MD1-CHLA, Fax: 323-361-8988

ChildrensHospitalLosAngeles
International Leader in Pediatrics

Please complete and fax to the number above or email to rvilla@chla.usc.edu or jolivares@chla.usc.edu. Thank you!

Patient First Name: _____ Last Name: _____ Date: ____/____/____

ADDITIONAL REFERRAL INFORMATION REQUIRED

Delays in obtaining documentation will delay appointment scheduling

I. CHLA "NEW PATIENT REFERRAL FORM - ALL CLINICS" MUST BE COMPLETED

II. ADDITIONAL PATIENT INFORMATION - NONE REQUESTED

III. CLINICAL DOCUMENTATION REQUESTED

- ___ Recent Medical Notes/Biopsy Results/Scans
- ___ Signed Prescription
- ___ Pre-Scheduling Evaluation Form (See Page 2)

IV. AUTHORIZATION REQUESTED (If non-PPO Patient):

PET CT:

___ PET CT - Whole Body (not including Brain/Head)

- 78816 - PET Whole Body
- 70491 - CT Soft Tissue w/Contrast
- 71260 - CT Chest w/Contrast
- 74160 - CT Abdomen w/Contrast
- 72193 - CT Pelvis w/Contrast
- 73201 - CT Upper Extremities
- 73701 - CT Lower Extremities
- A9552 - FDG isotope

___ PET CT - Skull Base to Mid-Thighs

- 78815 - PET Skull Base to Mid-Thighs
- 70491 - CT Soft Tissue w/Contrast
- 71260 - CT Chest w/Contrast
- 74160 - CT Abdomen w/Contrast
- 72193 - CT Pelvis w/Contrast
- A9552 - FDG isotope

___ PET CT - Brain/Head

- 78608 - PET Brain
- 70460 - CT Brain/Head w/Contrast
- A9552 - FDG isotope

___ 01922 - Sedation/Anesthesia

MRI:

___ Check here to be contacted by Radiology Dept. financial counselor regarding MRI CPT codes.

CT:

___ Check here to be contacted by Radiology Dept. financial counselor regarding CT CPT codes.

ADDITIONAL INFORMATION NEEDED FOR PET CT:

Primary Diagnosis: _____ Date Diagnosed: ____/____/____

Metastasis Location: _____ Date Diagnosed: ____/____/____

Recent Hospitalization? Y/N Allergies:

Recent Procrit/Neupogen? Y/N

Recent G-CSF or GM-CSF? Y/N

Recent Strenuous Activity? Y/N

History of Other Cancer? Y/N

Metal Object in Body? Y/N

Diabetic? Y/N

Last Biopsy: ____/____/____

Last Surgical Procedure: ____/____/____

Last Radiation Treatment: ____/____/____

Last Chemotherapy: ____/____/____

PLEASE NOTE:

- Regarding MRI authorizations:
- TARS are required for Straight MediCal & require approximately 8 weeks to obtain
 - Authorizations are required for all HMOs & MediCal Managed Care Plans
 - Pre-Certifications are required for most PPO Plans in California
- Regarding Pre-Scheduling Evaluation:
- All authorizations for patients unable to hold still for an MRI or CT must include CPT code 01922 for sedation or general anesthesia services. (If sedation or general anesthesia is not used, the patient/insurance will not be billed for this service.)