

Diagnoses Listed

Diabetes

- Diabetes Mellitus without mention of complication, Type I
- Diabetes Mellitus without mention of complication, Type II

Puberty & Growth

- Short Stature/Tall Stature
- Small for Gestational Age/Intrauterine Growth Retardation
- Failure to Thrive
- Hirsutism
- Irregular Menses
- Klinefelter Syndrome
- Noonan Syndrome
- Precocious Puberty/Premature Thelarche – Girls
- Precocious Puberty – Boys
- Premature Pubarche/Adrenarche – Girls
- Premature Pubarche/Adrenarche – Boys
- Delayed Puberty
- Female Hypogonadism
- Male Hypogonadism
- Primary/Secondary Amenorrhea
- Turner Syndrome
- Micropenis
- Ambiguous Genitalia

Thyroid Disorder

- Congenital Hypothyroidism (Neonate)
- Thyroid Cancer/Nodule
- Acquired Hyperthyroidism/Autoimmune Hyperthyroidism (Graves Disease)
- Congenital Hypothyroidism (Child)/Acquired Hypothyroidism/Autoimmune Hypothyroidism (Hashimoto Thyroiditis)
- Thyroid Enlargement/Goiter
- Abnormal Thyroid Function Test

Additional Disorders

- Adrenal Insufficiency
- Congenital Adrenal Hyperplasia
- Craniopharyngioma/Brain Tumor
- Diabetes insipidus
- Fractures
- Glucocorticoid Excess (Cushing Syndrome)
- Hypo/Hypercalcaemia
- Hypo/Hyperparathyroidism
- Hyperprolactinemia/Prolactinoma
- Hypertension/Pheochromocytoma
- Hypoglycemia
- Hypo/Hypernatraemia
- Osteoporosis and Metabolic Bone Disease
- Pituitary Disorders
- Polydipsia and Polyuria
- Rickets



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Suggested Pre-Referral Workup

This is a general suggestion of possible testing to confirm a suspected diagnosis. Although referrals will be accepted without the suggested work up being complete, to ensure referrals are processed timely we do require that items listed in the Referral Documentation section be submitted with the initial referral. *In addition to the suggested Pre-Referral Workup in the tables below, it is recommended that the following information is also provided:*

- Physician Name, Office Address and Phone Number
- Patient Name, Date of Birth and Parent or Guardian's Name
- Reason for Referral*
- Clinic Name or Physician Name for the referral
- Insurance Information for Patient
- Authorization (when required)

DIABETES		
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED ICD-10 CODE: E10.65		
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED ICD-10 CODE: E11.65		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Hyperglycemia ✓ Elevated Hemoglobin A1c ✓ Increased thirst & urination ✓ Weight loss ✓ Vomiting (DKA) ✓ Lethargy (DKA) ✓ Abnormal respirations (DKA) <p style="color: red; font-weight: bold; margin-top: 10px;">IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Blood glucose with chemistry panel ✓ Urinalysis for glucose and ketones ✓ Hemoglobin A1c ✓ 2-hour oral glucose tolerance test 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes relevant to referring diagnosis ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p style="margin-top: 10px;"><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Any additional test leading to referring diagnosis



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

PUBERTY & GROWTH		
Short Stature, Small for Gestational Age/Intrauterine Growth Retardation (ICD-10: R62.52)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Poor growth ✓ Severe headaches and/or blurry vision ✓ Current height less than 3rd percentile for age ✓ Crossing percentiles on repeated growth measurements ✓ Current height greater than 3rd percentile, but still concerned for growth <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Free T4, TSH ✓ IGF-I, IGFBP-3 ✓ Complete blood count ✓ Sedimentation rate (ESR) ✓ Comprehensive chemistry panel ✓ Celiac screen (IgA, Tissue Transglutaminase IgA) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes relevant to referring diagnosis ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment) ✓ Brain MRI or CT results (bring CD/films to appointment)
Tall Stature (ICD-10: E34.4)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Current height greater than 97th percentile ✓ Crossing percentiles on repeated height measurements ✓ Current height less than 97th percentile, but still concerned for growth ✓ Severe headaches and/or blurry vision <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Free T4, TSH ✓ GH, IGF-I, IGFBP-3 ✓ High-resolution karyotype (males) ✓ Early AM pediatric LH/FSH ✓ Estradiol/Testosterone ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes relevant to referring diagnosis ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment) ✓ Brain MRI or CT results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Failure-to-Thrive (ICD-10: R62.51)		
When to Refer	Suggested Pre-Referral Workup	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Hypoglycemia and short stature ✓ Current height/length AND weight less than 3rd percentile ✓ Consider referral to Gastroenterology if current height/length at 3rd percentile or greater, but weight less than 3rd percentile <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Free T4, TSH ✓ IGF-I, IGFBP-3 ✓ Complete blood count ✓ Comprehensive chemistry panel ✓ Sedimentation rate (ESR) ✓ Celiac screen (IgA, Tissue Transglutaminase IgA) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes relevant to referring diagnosis ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)

Hirsutism (ICD-10: L68.0/ Q84.2) Irregular Menses (ICD-10: N92.7)		
When to Refer	Suggested Pre-Referral Workup	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Hirsutism ✓ Cushingoid features (weight gain, central fat distribution, thin skin, easy bruising, purple striae, buffalo hump) ✓ Masculinization (clitoromegaly, deepening voice) ✓ Irregular menses ✓ Elevated testosterone level <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Total testosterone ✓ Free Testosterone ✓ Sex-hormone binding globulin (SHBG) ✓ LH, FSH ✓ Prolactin ✓ Fasting glucose ✓ Fasting lipids 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes relevant to referring diagnosis ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Pelvic/abdominal imaging (bring CD/films to appointment)
Precocious Puberty/Premature Thelarche - Girls (ICD-10: E30.1)		
When to Refer	Suggested Pre-Referral Workup	Referral Documentation Requirements
<p><u>Girls < 8 years old</u></p> <ul style="list-style-type: none"> ✓ Breast development ✓ Accelerated linear growth velocity ✓ Vaginal bleeding ✓ Headaches and/or visual changes ✓ Multiple café-au-lait spots >1.5 cm (possible McCune-Albright Syndrome) <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM pediatric LH/FSH ✓ Estradiol ✓ Free T4, TSH ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant ones and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Precocious Puberty - Boys (ICD-10: E30.1)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<p><u>Boys < 9 years old</u></p> <ul style="list-style-type: none"> ✓ Testicular enlargement (>4 mL in volume or >2.5 cm in length) ✓ Penile enlargement <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM pediatric LH/FSH ✓ Testosterone ✓ Free T4, TSH ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><i>If completed:</i></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)
Premature Pubarche/Adrenarche - Girls (ICD-10: E27.0)		
When to Refer	Suggested Pre-Referral Workup	Referral Documentation Requirements
<p><u>Girls < 8 years old</u></p> <p>With one or more of the following signs</p> <ul style="list-style-type: none"> ✓ Pubic hair ✓ Axillary hair ✓ Body odor ✓ Clitoral enlargement (at any age) ✓ Accelerated linear growth <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM: ✓ 17-hydroxyprogesterone ✓ Testosterone ✓ DHEA-S ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><i>If completed:</i></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Premature Pubarche/Adrenarche - Boys (ICD-10: E27.0)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<p>Boys < 9 years old</p> <p>With one or more of the following signs without testicular enlargement (<4 mL or <2.5 cm)</p> <ul style="list-style-type: none"> ✓ Pubic hair ✓ Axillary hair ✓ Body odor ✓ Accelerated growth <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ <u>Early AM</u> Pediatric LH/FSH ✓ 17-hydroxyprogesterone ✓ Testosterone ✓ DHEA-S ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)
Male Hypogonadism (ICD-10: E23.0/ Q98.0/ Q98.1/Q98.4)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Suspected hypopituitarism ✓ Confirmed hypogonadism ✓ Severe headache and/or blurry vision ✓ No signs of puberty by 14 years old <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM Pediatric LH/FSH ✓ Testosterone ✓ Prolactin ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Female Hypogonadism (ICD-10: E230)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Suspected hypopituitarism ✓ Confirmed hypogonadism ✓ Severe headache and/or blurry vision ✓ No signs of puberty by 13 years old <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM Pediatric LH/FSH ✓ Estradiol ✓ Prolactin ✓ Karyotype ✓ Bone Age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)
Primary Amenorrhea / Secondary Amenorrhea (ICD-10: N910/N911)		
When to Refer	Suggested Pre-Referral Workup	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ No period by 15 years old ✓ No period for \geq 3 months <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM Pediatric LH/FSH ✓ Estradiol ✓ Prolactin ✓ Beta-hCG ✓ Free T4, TSH ✓ Total testosterone, free testosterone, sex-hormone binding globulin (SHBG) ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Klinefelter Syndrome (ICD-10: Q985)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Confirmed diagnosis 47,XXY <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM Pediatric LH/FSH ✓ Testosterone 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)
Noonan Syndrome (ICD-10: Q871)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Characteristic facial features ✓ Cardiovascular findings ✓ Poor growth <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Genetic work-up confirming Noonan Syndrome 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Delayed Puberty (ICD-10: E300)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ No signs of puberty in females by 13 years old and males by 14 years old <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Early AM Pediatric LH/FSH ✓ Estradiol/Testosterone ✓ Bone age 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)
Turner Syndrome (ICD-10: Q9690)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ 45,X Karotype ✓ Short stature ✓ Webbed neck ✓ Bicuspid aortic valve / Coarctation of aorta ✓ Horseshoe kidney <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ <u>Early AM</u> Pediatric LH/FSH ✓ Karotype (if not done) ✓ Estradiol 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination and Tanner stage ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Bone age results (bring CD/films to appointment)

THYROID DISORDER		
Thyroid Cancer/Nodule/Thyroid Enlargement/Goiter (ICD-10: C801/E041/E049)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Thyroid nodule \geq 1 cm ✓ Family history of thyroid cancer or MEN (multiple endocrine neoplasia) ✓ Increasing size of nodule ✓ Concerning features on ultrasound ✓ Hoarse voice, dyspnea, dysphagia, stridor ✓ Thyroid enlargement/Goiter <p>If URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Free or Total T4 ✓ TSH ✓ Anti-thyroid peroxidase (TPO) and Anti-thyroglobulin antibodies ✓ Thyroid ultrasound 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Thyroid US (bring CD/films to appointment) ✓ Fine needle aspiration, if performed
Acquired Hyperthyroidism (ICD-10: E05.90) Autoimmune Hyperthyroidism (Graves Disease) (ICD-10: E05.00)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Goiter ✓ Hypertension ✓ Tachycardia ✓ Exophthalmos ✓ TSH < 0.1 μIU/mL ✓ Elevated total or free T4, and/or total or free T3 <p>If URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Free or Total T4 ✓ Total T3 ✓ TSH ✓ Thyroid-stimulating immunoglobulin (TSI) ✓ Anti-thyroid peroxidase (TPO) and Anti-thyroglobulin antibodies ✓ Thyrotropin-binding Inhibitory Immunoglobulin (TBII) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Thyroid US (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Congenital Hypothyroidism (Neonate) (ICD-10: E03.1)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Neonate with abnormal Newborn Screening Test ✓ TSH >10 µIU/mL in neonate <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Confirmatory TSH ✓ Free or total T4 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights
Congenital Hypothyroidism (Child)/Acquired Hypothyroidism/Autoimmune Hypothyroidism/Hashimoto Thyroiditis /Abnormal Thyroid Function Test (ICD-10: E03.10)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Known or treated child with abnormal thyroid function test ✓ TSH >10 µIU/mL ✓ Low free or total T4 ✓ Constipation ✓ Poor growth ✓ Increased weight gain ✓ Fatigue <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ TSH ✓ Free or total T4 ✓ Anti-thyroid peroxidase (TPO) and Anti-thyroglobulin antibodies (if not congenital) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights <p><u><i>If completed:</i></u></p> <ul style="list-style-type: none"> ✓ Thyroid US (bring CD/films to appointment)



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

ADDITIONAL DISORDERS		
Adrenal Insufficiency (Addison Disease) (ICD-10: E2740,E271)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<p><u>Acute:</u></p> <ul style="list-style-type: none"> ✓ Cessation of glucocorticoid therapy ✓ Adrenal hemorrhage in severe illness <p><u>Chronic:</u></p> <ul style="list-style-type: none"> ✓ Autoimmune, TB, other primary adrenal disease ✓ Hypopituitarism ✓ Fatigue ✓ Hyperpigmentation ✓ Weight loss <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Basic Metabolic Panel ✓ CBC with differential ✓ 8 AM cortisol ✓ Renin ✓ Aldosterone ✓ ACTH 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights
Glucocorticoid Excess (Cushing Syndrome) (ICD-10: E249)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Weight gain with poor linear growth ✓ Central fat distribution ✓ Hirsutism/Virilization ✓ Easy bruising ✓ Purplish striae (stretch marks) ✓ Buffalo hump <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ 24-hour urine free cortisol & creatinine ✓ ACTH & Cortisol 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Hypercalcemia/Hyperparathyroidism (ICD-10: E8352/E213)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Confusion, weakness, polyuria, anorexia, nausea, vomiting ✓ Renal stones ✓ Pancreatitis ✓ Total calcium >10.5 mg/dL <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Complete metabolic panel ✓ Ionized calcium ✓ Phosphate, magnesium ✓ PTH ✓ 25-OH vitamin D ✓ 1,25-(OH)₂ vitamin D ✓ Sedimentation rate (ESR) ✓ Urine calcium/creatinine (random) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights
Hypertension/Pheochromocytoma (ICD-10: I10/D3500)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Resistant, severe hypertension ✓ Unexplained hypokalemia ✓ Adrenal mass <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Basic metabolic panel ✓ Renin ✓ Aldosterone ✓ 24-hour urine catecholamines/metanephrines/creatinine 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental heights ✓ Consider re-routing referral to cardiology or nephrology



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Hypoglycemia (ICD-10: E162)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Blood glucose <70 mg/dL <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Fasting glucose ✓ Fasting insulin 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height

Hypocalcaemia/Hypoparathyroidism (ICD-10: E8351/E209)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Total calcium < 8 mg/dL ✓ Lethargy, anorexia, vomiting, seizures, apnea, twitching, cramping, laryngospasm <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Complete metabolic panel ✓ Ionized calcium ✓ Phosphate ✓ Magnesium ✓ Urine Calcium/Creatinine (random) ✓ PTH ✓ 25-OH vitamin D ✓ 1,25-(OH)₂ vitamin D 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Hypo/Hyponatremia (ICD-10: E871/E870)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Sodium <130 mEq/L or >150 mEq/L, particularly if an acute change <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Basic metabolic panel ✓ Osmolality ✓ Urine sodium, creatinine, osmolality 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height
Osteoporosis/Metabolic Bone Disease/Fractures/Rickets (ICD-10: M818/M8080/E550)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ History of frequent, non-traumatic fractures ✓ History of severe bone pain ✓ Low alkaline phosphatase <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Complete metabolic panel ✓ Ionized calcium ✓ PTH ✓ 25-OH vitamin D ✓ 1,25-(OH)₂ vitamin D ✓ TSH, free T4 ✓ LH/FSH (post-puberty) ✓ Estradiol/Testosterone (post puberty) 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ DEXA/QCT bone density results ✓ X-ray results



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Pituitary Disorders/Craniopharyngioma/Brain Tumor/Hyperprolactinemia/Prolactinoma (ICD-10: E237/D444/E221/D352)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Pituitary adenoma > 10 mm in size ✓ Pituitary hormone excess or deficiency ✓ Visual impairment &/or severe headaches with pituitary mass <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ <u>Early AM</u> Pediatric LH/FSH ✓ GH/IGF-I/IGFBP-3 ✓ Free T4 and TSH ✓ 8 AM cortisol ✓ 24-hour urine free cortisol & creatinine ✓ Prolactin ✓ Estradiol/Testosterone ✓ Basic Metabolic Panel ✓ Brain/pituitary MRI with & without contrast 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height <p><u>If completed:</u></p> <ul style="list-style-type: none"> ✓ Radiology results (brain and pituitary MRI with and without contrast)
Polydipsia and Polyuria/Diabetes Insipidus (ICD-10: R631/R358/E232)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Frequent urination ✓ New nocturnal enuresis <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ Basic metabolic panel ✓ UA 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height



We Treat Kids Better

Commonly Referred Pediatric Endocrinology Conditions

Congenital Adrenal Hyperplasia (ICD-10: E250)		
When to Refer	Suggested Pre-Referral Work-up	Referral Documentation Requirements
<ul style="list-style-type: none"> ✓ Ambiguous genitalia ✓ Pubic hair in girls < 7 years old or boys < 9 years old ✓ Apocrine odor, acne, axillary hair <p>IF URGENT: Call (323) 660-2450 and ask for the Endocrinology doctor on call to be paged.</p>	<ul style="list-style-type: none"> ✓ <u>Early AM</u> 17-OH progesterone ✓ Early AM Androstenedione ✓ Early AM Testosterone 	<ul style="list-style-type: none"> ✓ Initial and most recent clinic notes with physical examination ✓ Lab test results including most recent relevant and initial test leading to referring diagnosis ✓ Growth chart, including parental height