UCSF Benioff Children's Physicians

Maternal-Fetal Medicine

REFERRAL FORM

MATERNAL-FETAL SERVICES

2920 Telegraph Ave, Suite 200, Berkeley, CA 94705 ▪ Telephone: 888-598-8227 ▪ Fax (510) 267-1926

PATIENTS: PLEASE BRING THIS FORM, INSURANCE CARD AND A VALID PHOTO ID TO EVERY APPOINTMENT

REFERRED BY

Provider & Facility Name:_____
Phone:_____

Provider Signature (REQUIRED):_____
Fax:_____

• PLEASE OBTAIN AND PROVIDE PRIOR AUTHORIZATION ACCORDING TO PATIENT'S INSURANCE •
• PLEASE FAX ALL PRENATAL RECORDS (registration forms, labs, ultrasounds) •
• PLEASE PROVIDE COPY OF PATIENT DEMOGRAPHICS AND A COPY OF BOTH SIDES OF INSURANCE CARD •

PATIENT INFORMATION

Patient Name:_____ **DOB:**_____ **Phone:**_____
Date:_____
LMP _____ EDD _____ Gravida _____ Para _____

SERVICE TYPE REQUESTED
**** Complete additional section below for *Sweet Success* ****

□ Consultation □ Preconception Consult □ Consult and Co-Managed Care □ Consult and Transfer of Care

Reason for Visit or
Diagnosis:_____
_____
_____

SWEET SUCCESS PROGRAM

- **Is this a *Sweet Success* referral?** □ YES □ NO
- **Was the patient diagnosed with diabetes before this pregnancy?** □ YES □ NO
- **Specify service type requested** □ Consultation □ Consult and Co-Managed Care □ Consult and Transfer of Care

LAB RESULTS (REQUIRED) ***please enter GDM diagnostic test results your office completed***

First Trimester Diabetes Screening (<13 weeks) Date_____ **HgbA1C** _____

- **2 Hr GTT** Date_____ Results FBS _____ 1 HR _____ 2 Hr _____
- **1 Hr GTT** Date_____ Results 1 HR _____
- **3 Hr GTT** Date_____ Results FBS _____ 1 Hr _____ 2 Hr _____ 3 Hr _____

SEE BACK PAGE - For instructions on obtaining *Prior Authorizations*

NAME _____ DOB _____

Obtaining Authorization(s) for MFM Services

To obtain a prior authorization for services at UCSF Benioff Children's Physicians Maternal-Fetal Medicine, please note the specific information you will need below:

1. We are contracted under the business name: **BayChildren's Physicians** – please give this as our MFM practice name
2. **NPI: 1922124866**
3. **Tax ID # 86-1175591**
4. **Frequently used CPT Codes – see below**

Please complete the following as applicable:		
CPT Code	**Description**	**Amount of Time/Time Period Approved**
☐ 99203-99205	Maternal Fetal Medicine New Patient Visit/Transfer of care.	
☐ 99243-99245	Consultation Initial Evaluation	
☐ 99213	Follow up visits for transfers or comanage	8-13 visits depending on gestational age
☐ G0108	Diabetic Outpatient Self Mgmt Training Svc, Individual, Per 30 min.	
☐ G0109	Diabetic Outpatient Self Mgmt Training Svc, Group Session, Per 30 min.	
☐ 97802	Medical Nutrition Therapy, Initial Assessment & Intervention, Individual, Per 15 min.	
☐ 97803	Medical Nutrition Therapy, Initial Reassessment & Intervention, Individual, Per 15 min.	8-13 visits depending on gestational age
☐ 97804	Medical Nutrition Therapy, Group Session, Per 30 min.	

Authorization notes: