CONTENTS

ADOLESCENT MEDICINE ....................................................................................................... 3
ASTHMA ................................................................................................................................... 4
AUDIOLOGY ............................................................................................................................. 5
BONE MARROW TRANSPLANT ............................................................................................. 6
CARDIOLOGY – EAST BAY .................................................................................................... 7
CRANIOFACIAL ..................................................................................................................... 10
DERMATOLOGY .................................................................................................................... 11
ENDOCRINOLOGY ................................................................................................................ 12
GASTROENTEROLOGY ........................................................................................................ 14
GENETICS .............................................................................................................................. 16
HEMATOLOGY / ONCOLOGY ............................................................................................... 17
INFECTIOUS DISEASE / HIV CLINIC .................................................................................... 19
LAB ......................................................................................................................................... 20
MENTAL HEALTH / CHILD DEVELOPMENT SERVICES / EIS/CARE ................................. 21
NEPHROLOGY ....................................................................................................................... 22
NEUROLOGY (TUBEROUS SCLEROSIS CLINIC / EEG / EPILEPSY) ................................ 23
NEUROSURGERY .................................................................................................................. 25
NUTRITION ............................................................................................................................. 27
OCCUPATIONAL THERAPY .................................................................................................. 28
OPHTHALMOLOGY ............................................................................................................... 30
ORTHOPAEDIC .................................................................................................................... 31
OTOLARYNGOLOGY/ENT ..................................................................................................... 32

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Adolescent Medicine

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below:

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQ TEEN</td>
<td>Adolescent Medicine</td>
<td>Oakland</td>
<td>510-428-3387</td>
</tr>
<tr>
<td>FQ CAST HIGH SCHOOL</td>
<td>Adolescent Medicine</td>
<td>Castlemont</td>
<td>510-428-3556</td>
</tr>
<tr>
<td>FQ MCC HIGH SCHOOL</td>
<td>Adolescent Medicine</td>
<td>McClymonds</td>
<td>510-835-1393</td>
</tr>
</tbody>
</table>

New patient referrals for the Adolescent Medicine Department require the following:

**Authorizations:**
Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)

**CPT Codes:**
New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 02-SAR

**Please send the following documents for all referrals:**

1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization
Asthma

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQ ASTHMA</td>
<td>Asthma</td>
<td>Oakland</td>
<td>510-428-3226</td>
</tr>
<tr>
<td>BCH OPC PULM FUNCTION</td>
<td>Asthma-ATS COMPLIANT</td>
<td>Oakland</td>
<td>510-428-3311</td>
</tr>
</tbody>
</table>

New patient referrals for the Asthma Clinic require the following:

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal: 99211 changes to Z7500
4. CCS Insurance: 02-SAR

**Please send the following documents for all referrals:**

1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization

**FQ Authorizations**

Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)

**PULMONARY FUNCTION LAB Authorizations:**

Authorizations and MD order required

Web Site Order Form: childrenshospitaloakland.org/pulmonary-function-order-form

- No Pulmonary Consult required for testing
- Spirometry for evaluation of asthma (Age 5 and up)
- Testing for fitness to fly
- Exercise stress and fitness
- Testing for vocal cord dysfunction versus asthma
- Six-minute walk testing
New patients for the Audiology Clinic require the following:

**Authorizations**

*Authorizations approved for:*

- TAX I.D. # **94-0382330** (BCH-OAK)

**CPT Codes:**

**New Patients/Consultations:**

1. CCS Insurance: 04 and 05-SAR, 01 SAR for hearing aid and cochlear implant only (Dr. Murray)

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

1. If patient has straight Medi-Cal, patient must be referred to CCS
2. Cochlear Implants: 92602, 92557, 92567, 92586 under 7 years
3. Cochlear Implants: 92604, 92557, 92567 over 7 years
4. Hearing Evaluation: 92557, 92567, 92588, 92579 under 3 years
5. Hearing Evaluation: 92557, 92567, 92588, 92582 over 3 years
6. *(MCBX AND HPSJ use X4530 instead of 92567)*
7. Hearing Aid: 92557, 92567, 92588, 92593, 92595
9. Newborn (Birth to 4 months) Hearing Screens are under mother’s insurance/Medi-Cal (ALGO)

Please send the following documents for all referrals:

1. Any medical diagnosis pertinent to hearing loss
2. Copy of insurance card
3. Copy of patient demographics

**FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING**
Bone Marrow Transplant

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC BONE MARROW TRANS</td>
<td>Bone Marrow Transplant</td>
<td>Oakland</td>
<td>510-428-3374</td>
</tr>
</tbody>
</table>

New patient referrals for the Bone Marrow Transplant Department require the following:

**Authorizations**

Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. Medi-Cal : 99211 changes to Z7500
4. CCS Insurance: 02-SAR

**Please send the following documents for all referrals:**

1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Three Ways to Refer
(See below: Required Information for All Referrals)

1. MD Link
   a. Log in or Sign up for MD Link at our website: www.childrenshospitaloakland.org/mdlink
   b. Select the Referral button and fill in the requested information.

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Oakland</td>
<td>510-428-3380</td>
</tr>
<tr>
<td>BCHO OPC CARDIOLOGY EKG</td>
<td>CARDIOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCHO OPC CARDIOLOGY ECHO</td>
<td>CARDIOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCHO WC CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Walnut Creek</td>
<td>925-979-3200</td>
</tr>
<tr>
<td>BCHO BWOOD CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Brentwood</td>
<td>925-979-3200</td>
</tr>
<tr>
<td>BCHO FF CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Fairfield, Napa</td>
<td>707-863-9000</td>
</tr>
<tr>
<td>BCHO BK CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Berkeley</td>
<td>510-428-3380</td>
</tr>
<tr>
<td>BCHO CARDIOLOGY GREENBRAE</td>
<td>CARDIOLOGY</td>
<td>Greenbrae</td>
<td>510-428-3380</td>
</tr>
<tr>
<td>BCHO SR CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>San Ramon</td>
<td>925-979-3200</td>
</tr>
<tr>
<td>BCHO MARIN CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td>Marin</td>
<td>510-428-3380</td>
</tr>
</tbody>
</table>

2. Fax referral form to: (510) 995-2956
   Standard Patient Referral Form available at: www.childrenshospitaloakland.org/referralforms

3. Call the Pediatric Cardiology East Bay office at: (510) 428-3380
   Provide all patient information required for referrals (see list below)

Required Information for All Referrals

1. Demographic Face Sheet (Include: Parents name, DOB / Family contact information)
2. Copy of medical insurance cards (front and back)
3. Medical Records / Evaluation notes
4. Authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Cardiology – East Bay cont’d

Authorizations

Please send an insurance authorization/referral for your patient to be seen in the Cardiology Department. Specific information needed is listed below.

New Patient Referrals for the Cardiology Department require the following information:

1. Authorization approved for NPI: 1376614016 (Provider)
2. The UCSF Benioff Children’s Hospitals clinic location (e.g., Oakland, Berkeley, Larkspur, Walnut Creek, San Ramon, Sonora, Brentwood, Modesto Fairfield, Napa)
3. TAX ID # 94-32816660 (BCH-SF)

CPT Codes: New Patients/Consultations

1. 99245 (New Patient) 99205 (Hill Physicians)
2. 99211 (Use of Facility)
3. 99245, 99211 + 76825 Fetal Echocardiogram, 76827 Fetal Doppler, 93325 Color Flow

CPT Codes: Testing that will be done in the office (All CPT codes needed for each referral)

1. 93306 (Echocardiogram, Includes Echo, Doppler, Color)
2. 93000 (Electrocardiogram/EKG)
3. 93224 (Holter Monitor)

Cardiologists

Lisa Arcilla, MD
Kishor Avasarala, MD
Alok Bose, MD
Chris Chyu, MD
Gregg Helton, MD
Neeru Kaushik, MD
Scott Soifer, MD
Kathleen Newkumet, MD
Hitendra Patel, MD
Howard Rosenfeld, MD

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Cardiology – East Bay cont’d

Locations

Oakland Cardiology Office
747 52nd St.
Oakland, CA 94609
- Tel: (510) 428-3380
- Fax: (510) 428-3381

Berkeley
3000 Colby St., Ste 301
Berkeley, CA 94705
- Tel: (510) 428-3380

Brentwood
1181 Central Blvd., Suite B
Brentwood, CA 94513
- Tel: (925) 979-3200

Fairfield
5030 Business Center Dr., Ste 230
Fairfield, CA 94534
- Tel: (707) 863-9000

Greenbrae
1300 S. Eliseo Dr. Ste. 204
Greenbrae, CA 94904
- Tel: (510) 428-3380

Sonora
12791 Cabezut Rd.
Sonora, CA 95370
- Tel: (925) 979-3200

Modesto
4120 Prescott Rd.
Modesto, CA 95356
- Tel: (925) 979-3200

Walnut Creek
2401 Shadelands Dr.
Walnut Creek, CA 94598
- Tel: (925) 979-3200

Napa
3443 Villa Ln., Ste 2
Napa, CA 94558
- Tel: (707) 863-9000

San Ramon
2303 Camino Ramon, Ste 175
San Ramon, CA 94583
- Tel: (925) 979-3200
Craniofacial

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC CRANIOFACIAL</td>
<td>Craniofacial Surgery</td>
<td>Oakland</td>
<td>510-428-3150</td>
</tr>
</tbody>
</table>

New patients for the Craniofacial Department require the following:

**Authorizations**

- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

**CPT Codes**

1. New patients/Consultations: 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 - changes to Z7500
4. CCS Insurance: 02 –SAR

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

5. Full panel – 99205, 99213, 92523, 99358, 92557, 92567, 92588, 99211 or Z7500 if insurance is Medi-Cal
   - Add: 92579 if patient under 3 years
   - Add: 92582 if patient over 3 years
   - Add: 92593 and 92595 if patient has hearing aid
6. Maxillofacial Panel: 99205, 99213, 92523, 99358, 99211, 99203 or Z7500 if Insurance is Medi-Cal
7. Baby Panel: 99205, 99213, 92523, 99358, 99211, 99245, 99243 or Z7500 if Insurance is Medi-Cal

Please send the following documents for all referrals:

1. Demographic face sheet (including parents DOB/Family contact information)
2. Copy of dental and medical Insurance cards (front and back)
3. Clinical notes for review
4. Authorization

FAILURE TO PROVIDE REQUIREDREFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Dermatology

**Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below**

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC DERMATOLOGY</td>
<td>Dermatology</td>
<td>Oakland</td>
<td>510-428–3304</td>
</tr>
<tr>
<td>BCHO WC DERMATOLOGY</td>
<td>Dermatology</td>
<td>Walnut Creek</td>
<td>510-428–3304</td>
</tr>
</tbody>
</table>

New patients for the Dermatology Department require the following:

**Authorizations**

Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK) (for hospital/technical fees)
- UCSF Dermatology Group NPI # 1164512851; TAX I.D. 94-3281657 (BCH-SF) (for professional fees)

**CPT Codes:**

New Patients/Consultations:

1. 99245 (new patient consultation)
2. 99215 (use of facility)
3. For Medi-Cal 99215 changes to Z7500
4. CCS Insurance: 01-SAR for Dr. Renee Howard only
5. Solano Partnership Health Plan of CA: Must have 2 RAF: UCSF Benioff CHO & BCP

Please send the following documents for all referrals:

1. Most recent clinical notes
2. Patient’s insurance card
3. Demographics and accurate insurance information
4. Lab, biopsy, or Ultrasound reports
5. Authorization from Insurance if needed

**FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING**
Endocrinology

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO ENDOCRINOLOGY</td>
<td>Endocrinology</td>
<td>Oakland</td>
<td>510-428-3654</td>
</tr>
<tr>
<td>WC ENDOCRINOLOGY</td>
<td>Endocrinology</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
<tr>
<td>SR ENDOCRINOLOGY</td>
<td>Endocrinology</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
</tbody>
</table>

New patients for the Endocrinology clinic require the following:

**Authorizations:**

Authorizations approved for:

1. TAX I.D. # 94-0382330; NPI # 1003961251 (BCH-OAK) (for hospital/technical fees)
2. UCSF Pediatric Associates NPI # 1376614016; new TAX I.D. # 94-3281666 (BCH-SF) (for professional fees)

**CPT Codes:**

With Diabetes Mellitus Diagnosis:

1. 99205 (new patient) or 99245 (consult)
2. G0108x2 (CDE)
3. 99090 (meter down load)
4. 83036
5. 99211 (use of facility)
6. For Medi-Cal 99211 changes to Z7500
7. CCS Insurance: 02 –SAR for Endo, 08– SAR for FQ Endo
Endocrinology cont’d

CPT Codes

All other Diagnosis:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 02 –SAR for Endo, 08-- SAR for FQ Endo

Please send the following documents for all referrals:

1. Growth chart
2. Clinical history
3. Current information
4. Lab and X-Ray results
5. Patient’s insurance card
6. Demographics and authorization if needed
7. Reason for referral
Please be sure to refer to the correct Department and Location by using the MD Link Department Name, listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC GASTROENTEROLOGY</td>
<td>Gastroenterology</td>
<td>Oakland</td>
<td>510-428-3058</td>
</tr>
<tr>
<td>BCHO WC GASTROENTEROLOGY</td>
<td>Gastroenterology</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
<tr>
<td>BCHO BWOOD GASTROENTEROLOGY</td>
<td>Gastroenterology</td>
<td>Brentwood</td>
<td>888-530-3034</td>
</tr>
<tr>
<td>BCHO SR GASTROENTEROLOGY</td>
<td>Gastroenterology</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
</tbody>
</table>

New patients to the Gastroenterology Department require the following:

**Authorizations:**
Authorizations approved for Pediatric Gastroenterology Department.

- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

**Benioff Children’s Physician (Professional/Physician):**

- Tax I.D. # 94-3281666
- NPI: 1861578973

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. Medi-Cal: 99211 changes to Z7500
4. CCS Insurance: 02-SAR
5. Solano Partnership Health Plan of CA: Must have 2 RAF: UCSF Benioff CHO & BCP
Gastroenterology cont’d

Please send the following documents for all referrals:

1. Demographic Face Sheet (including parents DOB/family contact information)
2. Copy of Insurance Card (front & back)
3. Clinical Notes
4. Authorization
5. Growth Chart
6. Lab/Radiology Test Result
Genetics - currently closed to referrals*

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC GENETICS</td>
<td>Medical Genetics</td>
<td>Oakland</td>
<td>510-428-3550</td>
</tr>
</tbody>
</table>

New patients for the Medical Genetics Department require the following:

**Authorizations:**

Authorizations approved for:

1. UCSF Benioff Children’s Hospital & Research Center Oakland Medical Genetics:
   Hospital billing TAX I.D. # 94-0382330 (BCH-OAK)

2. Professional billing UCSF Pediatrics Associates TAX I.D. 94-3281666 and NPI # 1376614014

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99215 (follow up)
3. 99211 (use of facility)
4. For Medi-Cal 99211 changes to Z7500
5. CCS Insurance: 01 & 02-SAR

**Attachments:**

1. Reason for visit
2. Valid Authorization required
3. Test Results: Any completed genetic testing
4. Indicate if this referral is a routine visit vs. Urgent
5. Include growth charts, and your most recent and specialty care consults

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Hematology / Oncology

Please be sure to refer to the correct Department and Location by using the MD Link Department name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC GENERAL HEMATOLOGY</td>
<td>Hematology</td>
<td>Oakland</td>
<td>510-428-3372</td>
</tr>
<tr>
<td>OPC ONCOLOGY</td>
<td>Oncology</td>
<td>Oakland</td>
<td>510-428-3372</td>
</tr>
</tbody>
</table>

Refer To:          For These Conditions:          For these Conditions:
Hematology         Thalassemia                   Pediatric and Adult Thalassemia Department
Hematology         Sickle Cell                   Pediatric and Adult Sickle Cell Department
Hematology         General Hematology           Anemia’s
                   |                               | ITP
                   |                               | Iron Deficiencies
                   |                               | White blood cell disorders
                   |                               | Platelet disorders
                   |                               | Vascular disorders
Hematology         Hemophilia                   Bleeding and clotting disorders
Oncology           Oncology                      Leukemia’s
                   |                               | Lymphomas
                   |                               | Solid tumors
Oncology           Neuro-Oncology                Brain and spinal cord tumors

New patients for the Hematology / Oncology Clinics require the following:

Authorization approved for

- **TAX I.D. # 94-2424410** Pediatric Hematology Oncology Group
- **TAX I.D. # 94-0382330** UCSF Benioff Children’s Hospital Oakland
- **NPI: 1760549141** Pediatric Hematology Oncology Group
- **NPI: 1003961251** UCSF Benioff Children’s Hospital Oakland

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Hematology / Oncology cont’d

CPT Codes:

New Patients/Consultations:

1. 99205 (new patient commercial insurance)
2. 99245 (new patient Medi-Cal or managed care)
3. 99211 (use of facility)
4. For Medi-Cal 99211 changes to Z7500
5. CCS Insurance: 02-SAR

Please include the following attachments:

1. History and Physical from referring physician
2. ICD 10 code
3. Any Laboratory results
4. Any MRI reports and please burn all MRI images in Dicom format
5. Pathology and Operative reports
6. Any Sub specialty report
7. Please indicate if the patient is chronically transfused (Sickle Cell)
8. Infant referrals require California new born screening results or confirmatory hemoglobin electrophoresis (Sickle Cell)
9. Recent Laboratory results – please include Hemoglobin Electrophoresis (Thalassemia)

URGENT REQUESTS

If this request is urgent and requires immediate same day or next day appointment, please call: 510 428-3372 and ask for the Oncologist on call.

The Oncologist is available to provide urgent immediate clinical review Monday-Friday, 9am-5pm.

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Infectious Disease / HIV Clinic

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC INFECTIOUS DISEASE</td>
<td>Infectious Diseases</td>
<td>Oakland</td>
<td>510-428-3336</td>
</tr>
</tbody>
</table>

New patients for Infectious Disease / HIV Clinic require the following:

Authorizations:
1. TAX I.D. # 86-1175591 (for Professional Fees) NPI: 1922124866
2. TAX I.D. # 94-0382330 (BCH-OAK) (Use of Facility charge)

CPT Codes:

New Patients/Consultations:
1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500

Please send the following documents for all referrals:
1. Immunization/PPD Records
2. Most recent PCP clinic visit notes
3. Laboratory Results
4. Radiology Reports*
5. Demographic Information
6. Copy of the Insurance Card
7. If images were done outside of UCSF Benioff Children’s Hospital Oakland, please provide the relevant images on a disc. The patient should bring the disc to the first appointment and images will be scanned into our records here.

Additional Information:

Referral to HIV Clinic: Please call the HIV Clinic directly at 510-428-3336.

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Lab

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below:

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO LABORATORY</td>
<td>Lab</td>
<td>Oakland</td>
<td>510-428-3525</td>
</tr>
<tr>
<td>Walnut Creek LABORATORY</td>
<td>Lab</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
</tbody>
</table>

New patient referrals for the Walnut Creek Lab require the following:

**Authorizations:**
Authorization approved for

- TAX I.D. # 94-0382330 (BCH-OAK)

**CPT Codes:**
New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 02-SAR

Please send the following documents for all referrals:

1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Mental Health / Child Development Services / EIS/CARE

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Referral Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIS/CARE</td>
<td>Early Intervention Services</td>
<td>Oakland</td>
<td>510-428-8428</td>
</tr>
<tr>
<td>PSYCHIATRY &amp; CHILD DEVELOPMENT</td>
<td>Department of Psychiatry</td>
<td>Oakland</td>
<td>510-428-8428</td>
</tr>
<tr>
<td>PSYCHOLOGICAL SERVICES</td>
<td>Psychological Services</td>
<td>Oakland</td>
<td>510-428-8428</td>
</tr>
</tbody>
</table>

Complete information on Mental Health referrals can be found at this link: [http://www.childrenshospitaloakland.org/mental-health-child-development-referral-form](http://www.childrenshospitaloakland.org/mental-health-child-development-referral-form)

Mental Health & Child Development Referral Phone Number: 510-428-8428

For Alameda County Medi-Cal, we can only serve a child or youth with Moderate-to-Severe symptoms as determined by the Behavioral Health Screening Form for Alameda County.

We have limited services for Non-Alameda County Medi-Cal and private insurance. Please check with your insurance company to see if we are contracted or in-network before referring for private insurance patients.
Nephrology

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC NEPHROLOGY</td>
<td>Nephrology</td>
<td>Oakland</td>
<td>510-428-3335</td>
</tr>
<tr>
<td>BCHO WC NEPHROLOGY</td>
<td>Nephrology</td>
<td>Walnut Creek</td>
<td>510-428-3335</td>
</tr>
<tr>
<td>BCHO SR NEPHROLOGY</td>
<td>Nephrology</td>
<td>San Ramon</td>
<td>510-428-3335</td>
</tr>
</tbody>
</table>

New patients to the Nephrology Department require the following:

**Authorizations:**
Authorization approved for TAX I.D. # 940382330 and NPI: 1003961251 (BCHO)

- Paul Brakeman, MD: NPI 1447295167
- Christina Lo, MD: NPI 1083810113
- RoseEllen Morrell, MD: NPI 1134228778
- Arias Oates, MD: NPI 1013233766
- Erica Winnicki, MD: NPI 1629207394

**CPT Codes:**
In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

**Private insurances new patients:**
1. 99205 & 99211 (NP visit plus one follow-up), 81000 (urine analysis) 93786, 93788 (ambulatory blood pressure monitor)
2. CCS INSURANCE : 02 SAR for Neph, 08 SAR for FQ Neph

**Medical new patient codes:**
1. 99205 (NP code), Z7500 (use of facility), 81000 (urine analysis), 93786, 93788 (ambulatory blood pressure monitor)
2. CCS INSURANCE : 02 SAR for Neph, 08 SAR for FQ Neph

Please send the following documents for all referrals:
1. Clinical History
2. Diagnostic Studies and Labs
3. Patient demographics and insurance card

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Neurology (Tuberous Sclerosis Clinic / EEG / Epilepsy)

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below.

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC EEG</td>
<td>Neurology</td>
<td>Oakland</td>
<td>510-428-3590</td>
</tr>
<tr>
<td>BCHO OPC EPILEPSY</td>
<td>Neurology</td>
<td>Oakland</td>
<td>510-428-3590</td>
</tr>
<tr>
<td>BCHO OPC NEUROLOGY</td>
<td>Neurology</td>
<td>Oakland</td>
<td>510-428-3590</td>
</tr>
<tr>
<td>BCHO OPC TUBEROUS SCLEROSIS</td>
<td>Neurology</td>
<td>Oakland</td>
<td>510-428-3590</td>
</tr>
<tr>
<td>BCHO WC NEUROLOGY</td>
<td>Neurology</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
<tr>
<td>BCHO WC EEG</td>
<td>Neurology</td>
<td>Walnut Creek</td>
<td>510-428-3590</td>
</tr>
<tr>
<td>BCHO SR NEUROLOGY</td>
<td>Neurology</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
</tbody>
</table>

New patients to the Neurology Department require the following:

**Authorizations:**

1. TAX I.D. # 94-0382330 – UCSF Benioff Children’s Hospital Oakland (Use of facility)
2. TAX I.D. # 94-3281660 – Benioff Children’s Physicians (Professional fees )
3. NPI # 1003961251 - UCSF Benioff Children’s Hospital Oakland (Use of facility)

**CPT Codes:**

New Patients/Consultations:

1. 99205 – (new patient)
2. 99211 – (use of facility)
3. For Medi-Cal 99245 (new patient) and 99211 changes to Z7500 (Use of facility)
4. CCS Insurance - 01 SAR for Neurology
5. Solano Partnership Health Plan of Cal – Must have 2 RAF – UCSF Benioff CHO and BCP

In addition to initial authorization for the New Patient consultation code, our department requires authorization for CPT code (Well Child does not require a RAF):

1. 95819, Z7500 with Mod 26 and TC (routine EEG, technician services)

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Neurology (Tuberous Sclerosis Clinic / EEG / Epilepsy) cont’d

Please send the following documents for all referrals:

1. Reason for visit
2. Demographics
3. Insurance card – front and back
4. Insurance authorization hardcopy
5. Clinical Notes
6. Brain MRI, CT and EEG’s results (ok to bring CD at the time of visit )
7. Abdomen MRI or Renal ultrasound results (ok to bring CD at the time of visit )
8. Cardiology, Echo, EKG results, TSC
9. Genetic testing results
Neurosurgery

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODESTO NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Modesto</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>OPC NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Oakland</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>RENO NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Reno, NV</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>WC NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Walnut Creek</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>CHICO NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Chico</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>SACRAMENTO NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Sacramento</td>
<td>510-428-3319</td>
</tr>
<tr>
<td>SANTA ROSA NEUROSURGERY</td>
<td>Neurosurgery</td>
<td>Santa Rosa</td>
<td>510-428-3319</td>
</tr>
</tbody>
</table>

New patient referrals for Neurosurgery require the following:

**Authorizations:**

**Authorizations approved for:**

- TAX I.D. # 94-0382330 UCSF Benioff Children’s Hospital Oakland
- BCHO NPI # 1003961251
- Attending NPI #:
  - Sun: 1972590354
  - Auguste: 1942463682
  - Ostling: 1578250008

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 01-SAR
Neurosurgery cont’d

Please send the following documents for all referrals:

1. Reason for visit including most recent clinic visit note pertaining to the reason for consult
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization if applicable
5. Head Circumference graph
6. Imaging / Diagnostic Imaging Reports
Nutrition

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nutrition</td>
<td>Nutrition</td>
<td>Oakland</td>
<td>510-428-3772</td>
</tr>
<tr>
<td>SR Clinical Nutrition</td>
<td>Nutrition</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
<tr>
<td>WC Clinical Nutrition</td>
<td>Nutrition</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
</tbody>
</table>

New patient referrals for Nutrition require the following:
**Authorizations: approved for:**
- TAX I.D. # 94-0382330 (BCH-OAK)

**CPT Codes:**

New Patients/Consultations:
1. 97802 X 1 (MNT initial assessment 15 min x 3)
2. 97802 X 1 (MNT follow-up assessment 15 min x 3)
3. Z5020 X 4 – INITIAL NUTRITION COUNSELING (MANAGED MEDI-CAL)
4. CCS Insurance: 02-SAR

Please send the following documents for all referrals:
1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization
5. Growth charts (if not available through EPIC or My Chart)
6. Results of lab work (fasting insulin, fasting glucose, fasting Lipid panel, ALT/AST, HgbA1C

**Notes:** Sports Nutrition Clinic & General Nutrition Clinic

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Occupational Therapy

Please be sure to refer to the correct Department and Location by using the MD Link Department

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC OT</td>
<td>Occupational Therapy</td>
<td>Oakland</td>
<td>510-428-3655</td>
</tr>
</tbody>
</table>

New patients for Occupational Therapy require Prescription/Order and the following:

**Authorizations:**

Authorizations approved for:

- TAX I.D. # **94-0382330** (BCH-OAK)
- NPI: **1003961251**

**CPT Codes:**

Used for PPOs, HMOs, self-pay

1. OT Evaluation: 97003
2. Video Swallow with OT Present: 97003, 92610, 92611, and 74230
3. CCS Insurance: SCG 11
4. Medi-Cal & Manage Care: X4100(1) and X4102(2)

Used for PPOs, HMOs, Self-pay

<table>
<thead>
<tr>
<th>Occupational Therapy Evaluation</th>
<th>97003</th>
<th>Occupational therapy evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT Re-Evaluation</td>
<td>97004</td>
<td>Occupational therapy re-evaluation</td>
</tr>
<tr>
<td>Dysphagia Evaluation</td>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
</tr>
<tr>
<td>Fluoroscopic Evaluation of Swallowing</td>
<td>92611</td>
<td>Motion fluoroscopic evaluation of swallowing function by cine or video recording</td>
</tr>
</tbody>
</table>
Occupational Therapy cont’d

HCPCS (Used for Medi-Cal, CCS, and many government funded HMOs, etc.)

<table>
<thead>
<tr>
<th>Occupational Therapy Evaluation (need to request both codes)</th>
<th>X4100, AND</th>
<th>Occupational Therapy Evaluation (need to request both codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy Evaluation (need to request both codes)</td>
<td>X4102</td>
<td>Evaluation, each additional 15 minutes</td>
</tr>
</tbody>
</table>

Please send the following documents for all referrals:

1. Prescription with signed MD signature, license# and practice name
2. Demographic face sheet (including parents DOB/family contact information)
3. Copy of insurance card (front & back)
4. Clinical notes for review
5. Authorization
6. Patient Demographics
7. Insurance Information
Ophthalmology

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPHTHALMOLOGY</td>
<td>Ophthalmology</td>
<td>Oakland</td>
<td>510-428-3050</td>
</tr>
</tbody>
</table>

New patients for the Ophthalmology Department require the following:

OAKLAND:

Authorizations:
Authorization approved for:
  • TAX I.D. # 94-0382330 and NPI 1003961251 (BCHO)

CPT Codes:
New Patients/Consultations:
  1. 99244 - 99245 (new patient)
  2. 99213 – 99214 (follow up)
  3. 99211 (use of facility)
  4. For Medi-Cal 99211 changes to Z7500
  5. CCS Insurance: 02-SAR

SAN RAMON (2301 Camino Ramon, Suite 104, San Ramon 94583):

Authorization:
Authorization approved for:
  • TAX I.D. # 86-117591 (BCP) and NPI 1295930527 (Dr. Victoria Hsu)

CPT Codes:
New Patients/Consultations:
  1. 92002 – 92004 (new patient)
  2. 92012 – 92014 (follow up)
  3. For Medi-Cal 99211 changes to Z7500
  4. CCS Insurance: 02-SAR

OAKLAND AND SAN RAMON:

Please send the following documents for all referrals:
  1. Reason for medical visit
  2. Insurance information
  3. Valid authorization (if needed)
  4. All HMO’s need prior authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Orthopaedic

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC ORTHOPAEDIC</td>
<td>Orthopaedic</td>
<td>Oakland</td>
<td>510-428-3238</td>
</tr>
<tr>
<td>SR ORTHOPAEDIC</td>
<td>Orthopaedic</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
<tr>
<td>WC ORTHOPAEDIC</td>
<td>Orthopaedic</td>
<td>Walnut Creek</td>
<td>925-939-8687</td>
</tr>
</tbody>
</table>

New patients for the Orthopaedics Department require the following:

Authorizations:

Authorizations approved for:

- TAX I.D. # 94-0382330, BCH-OAK NPI: 1003961251 BCH-SF NPI: 1639278369

Need Authorization along with referrals for all insurance companies

Need Authorization for a New Patient with X-Rays codes

1. 99205 New Patient
2. X-ray codes based on diagnosis

CPT Codes:

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

1. X-ray codes based on diagnosis

Please send the following documents for all referrals:

1. Copy of insurance card (back and front) and include Secondary-coverage Copy of dental and medical Insurance cards (front and back)
2. Relevant clinical documentation

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Otolaryngology/ENT

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC ENT</td>
<td>Otolaryngology/ENT</td>
<td>Oakland</td>
<td>510-428-3233</td>
</tr>
<tr>
<td>BCHO BWOOD ENT</td>
<td>Otolaryngology/ENT</td>
<td>Brentwood</td>
<td>510-428-3233</td>
</tr>
<tr>
<td>BCHO WC ENT</td>
<td>Otolaryngology/ENT</td>
<td>Walnut Creek</td>
<td>510-428-3233</td>
</tr>
</tbody>
</table>

New patient referrals for Otolaryngology require the following:

**Authorizations:**

Authorizations approved for:

- TAX I.D. # 94-3281660 (BCH-SF)
- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1477624104

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 01-SAR

Please send the following documents for all referrals:

1. Reason for visit
2. Relevant clinical documentation
3. Guarantor information
4. Insurance information to include copy of insurance card (Back/Front)
5. Include valid authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Physical Therapy

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO PT</td>
<td>Physical Therapy</td>
<td>Oakland</td>
<td>510-428-3655</td>
</tr>
</tbody>
</table>

New patients for the Physical Therapy Clinic requires a Prescription/Order and the following:

**Authorizations:**
Authorization approved for
- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

**CPT Codes:**
1. 97001: Commercial Insurance and HSPJ
2. X3920(x1) & X3922(x2): Government Insurance (need to request both codes)
3. SCG -11 for CCS

<table>
<thead>
<tr>
<th>Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy Evaluation</td>
<td>97001</td>
</tr>
<tr>
<td>Physical Therapy Re-Evaluation</td>
<td>97002</td>
</tr>
<tr>
<td>Physical Therapy Evaluation (need to request both codes)</td>
<td>X3920, and X3922</td>
</tr>
<tr>
<td>Tests &amp; measurements, initial 30 minutes</td>
<td>Tests &amp; measurements, additional 15 minutes</td>
</tr>
</tbody>
</table>

Please send the following documents for all referrals:

1. Demographic face sheet (including parents DOB/family contact information)
2. Copy of insurance card (front & back)
3. Clinical notes for review
4. Authorization
5. Patient Demographics
6. Insurance Information

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Plastic Surgery

Please be sure to refer to the correct Department and Location by using the MD Link Department

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC PLASTIC SURGERY</td>
<td>Plastic Surgery</td>
<td>Oakland</td>
<td>510-428-3024</td>
</tr>
<tr>
<td>WC PLASTIC SURGERY</td>
<td>Plastic Surgery</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
</tbody>
</table>

New patients for the Plastic Surgery Department require the following:

**Authorizations:**

Need authorization along with referrals for all insurance companies

When submitting for authorization, please use:

- **TAX I.D. # 94-0382330 (BCH-OAK)**
- **NPI: 1003961251 (BCH-OAK)**
- **NPI: 1639278369 (BCH-SF)**

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

1. X-ray codes based on diagnosis

Please send the following documents for all referrals:

1. Copy of insurance card (back and front) and include Secondary Coverage Copy of dental and medical Insurance cards (front and back)
2. Relevant clinical documentation

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Pre-Diabetes

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO ENDOCRINE</td>
<td>Pre-Diabetes</td>
<td>Oakland</td>
<td>510-428-3654</td>
</tr>
<tr>
<td>CHO ENDOCRINE</td>
<td>Pre-Diabetes</td>
<td>Walnut Creek</td>
<td>925-979-4000</td>
</tr>
</tbody>
</table>

New patients for the Pre-Diabetes Department require the following:

Authorizations:
Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI # 1003961251

CPT Codes:
New Patients/Consultations:
1. 99205 (New Patient)
2. 99211 (Use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. 99215 (Follow up)

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes:

Please send the following documents for all referrals:

1. Growth chart
2. Reason for referral and last visit note
3. Recent Lab results (6 months) for fasting glucose, hgbA1c, insulin
4. Copy of insurance card and demographic information
5. Insurance authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Pulmonary

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC PEDI PULMONARY</td>
<td>Pulmonary</td>
<td>Oakland</td>
<td>510-428-3305</td>
</tr>
</tbody>
</table>

New patient referrals for Pulmonary require the following:

**Authorizations:**

Authorizations approved for:

- **TAX I.D. # 94-0382330 (BCH-OAK)**
- **TAX I.D. # 94-3281657 (BCH-SF)**
- **NPI: 1376614016 (BCH-SF)**
- **NPI: 1003961251 (BCH-OAK)**

**CPT Codes: New Patients:**

1. 99205 New Patient
2. 99211 Use of Facility
3. For MediCal 99211 changes to Z7500

**Please send the following documents for all referrals:**

1. Reason for visit
2. Relevant clinical documentation
3. Guarantor information
4. Copy of Insurance Card (front and back)
5. Valid authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Pulmonary Function Lab

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below:

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC PULM FUNCTION</td>
<td>Pulmonary Function Lab</td>
<td>Oakland</td>
<td>510-428-3311</td>
</tr>
</tbody>
</table>

Complete information for Pulmonary Function Lab referrals can be found at this link:
http://www.childrenshospitaloakland.org/pulmonary-function-order-form

LAB OFFERS:

- Testing for age 5 and up for asthma and evaluation of response to medication
- Testing for fitness to fly
- Exercise stress and fitness
- Testing for vocal cord dysfunction versus asthma
- Six-minute walk testing
Radiology

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO CT SCANNING</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO DI CATH LAB</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO DIAGNOSTIC IMAGING</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO FLUOROSCOPY</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO MRI</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO NUCLEAR MEDICINE</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>CHO ULTRASOUND</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>OPC DI ORAD</td>
<td>Radiology</td>
<td>Oakland</td>
<td>510-428-3410</td>
</tr>
<tr>
<td>WC DIAGNOSTIC IMAGING</td>
<td>Radiology</td>
<td>Walnut Creek</td>
<td>925-979-3400</td>
</tr>
<tr>
<td>WC FLUOROSCOPY</td>
<td>Radiology</td>
<td>Walnut Creek</td>
<td>925-979-3400</td>
</tr>
<tr>
<td>WC MRI</td>
<td>Radiology</td>
<td>Walnut Creek</td>
<td>925-979-3400</td>
</tr>
<tr>
<td>WC PERIOPERATIVE</td>
<td>Radiology</td>
<td>Walnut Creek</td>
<td>925-979-3400</td>
</tr>
<tr>
<td>WC ULTRASOUND</td>
<td>Radiology</td>
<td>Walnut Creek</td>
<td>925-979-3400</td>
</tr>
</tbody>
</table>

New patient referrals for Radiology require the following:

**Authorizations:**

Authorizations approved for:

1. TAX I.D. # 94-0382330 (BCH-OAK)

**CPT Codes:**

Request authorization for codes specific to order.

Please send the following documents for all referrals:

1. Reason for visit
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Include valid authorization

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Rehabilitation

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO PEDI REHAB</td>
<td>Pediatric Rehabilitation</td>
<td>Oakland</td>
<td>510-428-3655</td>
</tr>
</tbody>
</table>

New patients for Pediatric Rehabilitation require the following:

**Authorizations:**

**Authorizations approved for Pediatric Rehabilitation Medicine:**

- TAX I.D. # **94-0382330** (BCH-OAK)
- NPI: **1003961251**

**Benioff Children’s Physician (Professional/Physician):**

- TAX I.D. #: **88-61175591**
- NPI: **1922124866**

**CPT Codes:**

**New Patients/Consultations:**

1. 99205 (new patient)
2. 99211 (use of facility)
3. For Medi-Cal 99211 changes to Z7500
4. CCS Insurance: 02-SAR

**EMG/NCS:** 99245 or 99205, 95885, 95886 x4, 95887 x4, 95907, 95913

1. All California Children’s Service (CCS) insured patients require service code 02 SAR, plus the above codes for EMG/NCS
Rehabilitation cont’d

Please send the following documents for all referrals:

1. Demographic face sheet (including parents DOB/family contact information)
2. Copy of insurance card (front & back)
3. Clinical notes for review
4. Authorization
5. Growth Chart
Rheumatology

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC RHEUMATOLOGY</td>
<td>Rheumatology</td>
<td>Oakland</td>
<td>510-428-3502</td>
</tr>
<tr>
<td>WC RHEUMATOLOGY</td>
<td>Rheumatology</td>
<td>Walnut Creek</td>
<td>510-428-3502</td>
</tr>
</tbody>
</table>

New patients for the Rheumatology Clinic require the following:

**Authorizations:**

Authorization approved for

1. TAX I.D. # 94-0382330 (BCH-OAK)
2. NPI: Lionetti 1336387299
3. NPI: Ling 1942593082

**CPT Codes:**

New Patients/Consultations:

1. 99205 (new patient)
2. 99215 (highest level of care)
3. For Medi-Cal 99215 changes to Z7500
4. CCS Insurance: 01-SAR

**Please send the following documents for all referrals:**

1. Lab Results
2. X-Ray
3. MRI Results
4. Clinical Notes

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Speech Therapy - currently closed to referrals*

Please be sure to refer to the correct Department and Location by using the MD Link Department

<table>
<thead>
<tr>
<th>MD Link Department</th>
<th>Department</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO SR SP LANG</td>
<td>Speech Pathology</td>
<td>San Ramon</td>
<td>925-979-3470</td>
</tr>
</tbody>
</table>

New patients for the Speech Therapy Clinic require the following:

**Authorizations:**

Authorization approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

**CPT Codes:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Language Evaluation</td>
<td>92523</td>
<td>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension</td>
</tr>
<tr>
<td>Dysphagia Evaluation</td>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
</tr>
<tr>
<td>Fluoroscopic Evaluation of Speech</td>
<td>92611</td>
<td>Motion fluoroscopic evaluation of swallowing function by cine or video recording.</td>
</tr>
</tbody>
</table>

CPT (Used for PPOs, HMOs, self-pay)

HCPCS (Used for Medi-Cal, CCS, and many government funded HMOs, etc.)

**CPT Codes:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy Evaluation</td>
<td>X4300</td>
<td>Language Evaluation</td>
</tr>
<tr>
<td>(need to request both codes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy Evaluation</td>
<td>X4301</td>
<td>Speech Evaluation</td>
</tr>
<tr>
<td>(need to request both codes)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Speech Therapy cont’d

Please send the following documents for all referrals:

1. Demographic face sheet (including parents DOB/family contact information)
2. Copy of insurance card (front & back)
3. Clinical notes for review
4. Authorization
Sports Medicine Physical Therapy

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC SPORTS MEDICINE</td>
<td>Sports Medicine</td>
<td>Oakland</td>
<td>510-428–3558, option 3</td>
</tr>
<tr>
<td>WC SPORTS MEDICINE</td>
<td>Sports Medicine</td>
<td>Walnut Creek</td>
<td>925-979-3430</td>
</tr>
<tr>
<td>SR SPORTS MEDICINE</td>
<td>Sports Medicine</td>
<td>San Ramon</td>
<td>925-979-3450</td>
</tr>
</tbody>
</table>

New patients for the Sports Medicine Physical Therapy Department require the following:

**Authorizations:**

Authorization approved for:

1. TAX I.D. # 94-0382330 (BCH-OAK)
2. NPI: 1003961251

**CPT Codes for Physical Therapy Evaluations:**

1. Commercial Insurance (please request all, code determined at time of visit):
   
   97161 – Physical therapy evaluation – low complexity  
   97162 – Physical therapy evaluation – moderate complexity  
   97163 – Physical therapy evaluation – high complexity  
   97750 – Physical performance test or measurement with written report

2. Government Insurance (please request all, billed by time for evaluation)
   
   X3920 (x1) – Physical therapy evaluation – Test & Measure, Initial 30 min  
   X3922 (x2) – Physical therapy evaluation – Test & Measure, Additional 15 min

Please send the following documents for all referrals:

1. Referral
2. Prescription (Rx)
3. Insurance Information, preferably with copy of insurance Card
4. Patient demographics / face sheet

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Surgery Clinic, General

Please be sure to refer to the correct Department and Location by using the MD Link Department

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC GENERAL SURGERY</td>
<td>General Pediatric Surgery</td>
<td>Oakland</td>
<td>510-428-3022</td>
</tr>
<tr>
<td>WC GENERAL SURGERY</td>
<td>General Pediatric Surgery</td>
<td>Walnut Creek</td>
<td>510-428-3022</td>
</tr>
<tr>
<td>BWOOD GENERAL SURGERY</td>
<td>General Pediatric Surgery</td>
<td>Brentwood</td>
<td>510-428-3022</td>
</tr>
<tr>
<td>SR GENERAL SURGERY</td>
<td>General Pediatric Surgery</td>
<td>San Ramon</td>
<td>510-428-3022</td>
</tr>
</tbody>
</table>

New patients for General Surgery Clinic require the following:

Authorizations Approved for:

- TAX I.D. # 94-3281667
- PSA Group NPI: 1477627537
- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

In addition to initial authorization for the New Patient / Consultation code, our department requires authorization for the following CPT codes: 99211 (Use of Facility)

CPT Codes:

New Patients/Consultations:

1. 99205 or 99245 (new patient)
2. 99211 (use of facility)
3. 99214 or 99215 (Follow ups)
4. For Medi-Cal 99211 changes to Z7500

Please send the following documents for all referrals:

1. Demographics Face Sheet (Including patient parents Dob/family contact information)
2. Copy of Insurance Card (front and back)
3. Clinical Notes
4. Labs and Imaging studies results (if there are any) - Attach Authorization if is needed

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING
Additional Information:

For Patients with Partnership Health Plan of California please make sure the RAF is made out to:

- UCSF Dept. of Surgery San Francisco (for Surgery Dept)
  - NPI: 1477627537
  - TAX I.D. # 943281667
- All plan of San Joaquin need to have all authorizations made to UCSF Dept. of Surgery
Synagis

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Specialty</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPC SYNAGIS</td>
<td>Synagis</td>
<td>Oakland</td>
<td>510-428-3885, ext. 2914</td>
</tr>
</tbody>
</table>

New patient referrals for Synagis require the following:

**Authorizations:**

Authorizations approved for:

- TAX I.D. # 94-0382330 (BCH-OAK)
- NPI: 1003961251

**CPT Codes:**

1. Procedure: 90378 – Synagis (Drug Code)
2. Z4301 Nurse change
3. CCS Insurance: 01 SAR

**Please send the following documents for all referrals:**

1. Reason for visit – Synagis Information Sheet
2. Guarantor information
3. Insurance information to include copy of insurance card (Back/Front)
4. Clinical notes and discharge summary indicating Synagis
Urology

Please be sure to refer to the correct Department and Location by using the MD Link Department Name listed below

<table>
<thead>
<tr>
<th>MD Link Department Name</th>
<th>Department Name</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCHO OPC UROLOGY</td>
<td>Urology</td>
<td>Oakland</td>
<td>510-428-3402</td>
</tr>
<tr>
<td>BCHO WC UROLOGY</td>
<td>Urology</td>
<td>Walnut Creek</td>
<td>510-428-3402</td>
</tr>
</tbody>
</table>

New patients for the Urology Clinic require the following:

**Authorizations:**

Authorization approved for:

- TAX I.D. # 94-0382330 (BCH-OAK) and # 94-3281660 (BCH-SF)
- NPI: Laurence Baskin 1891722294
- NPI: Hillary Copp 1851500573
- NPI: Michael Disandro 1972539963
- NPI: Lucille Huang, NP 1396151213
- NPI: Bethany Geleris, NP 1043680978

**CPT Codes:**

New Patients / Consultations:

1. 99245 (new patient)
2. Z7500 (Use of facility)

**Please send the following documents for all referrals:**

1. Demographic face sheet (including parents DOB / family contact information)
2. Copy of insurance card (front & back)
3. Clinical notes
4. Authorization
5. Lab/Radiology test results

FAILURE TO PROVIDE REQUIRED REFERRAL INFORMATION MAY CAUSE DELAY IN APPOINTMENT SCHEDULING