**CCM SPECIALTY PEDIATRICS REFERRAL FORM**

Please return referral form via email, mail, or fax to

**Mailing Address:**
CCM Specialty Pediatrics, 1940 116th Ave NE, STE 200B, Bellevue, WA 98004
**Referral Direct Line:** (425)-200-4387
**Email:** referral@ccmspecialtycare.com
**General Inquiry:** info@ccmspecialtycare.com
Tel: (425)–276-1825; FAX: (855)-785-8770

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**PATIENT INFORMATION**

- Name: _____ DOB: /____/__ Gender: M / F
- Parent/Guardian: _____ Primary Phone: (_____) -
- Insurance Provider: _____ Member ID: _____

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**REFERRING PROVIDER INFORMATION**

- Provider Name: _____
- Clinic Name: _____
- Phone: ( ) - Fax: ( ) -

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**CLINICAL NOTES / SPECIAL INSTRUCTIONS**

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Thank you for choosing CCM Specialty Pediatrics as a trusted partner in your patient's care. We appreciate your referral and look forward to collaborating with you to provide exceptional, comprehensive care for your patient.

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🩺 **PEDIATRIC CARDIOLOGY**

**CONSULT REFERRAL**

- ☐ Heart murmur evaluation (New: 99203–99205 / Established: 99213–99215)
- ☐ Congenital heart disease (New: 99203–99205 / Established: 99213–99215)
- ☐ Syncope / fainting (New: 99203–99205 / Established: 99213–99215)
- ☐ Chest pain (New: 99203–99205 / Established: 99213–99215)
- ☐ Arrhythmia / palpitations (New: 99203–99205 / Established: 99213–99215)
- ☐ Cardiomyopathy (New: 99203–99205 / Established: 99213–99215)
- ☐ Kawasaki disease follow-up (New: 99203–99205 / Established: 99213–99215)
- ☐ Pulmonary hypertension (New: 99203–99205 / Established: 99213–99215)
- ☐ Hypertension (New: 99203–99205 / Established: 99213–99215)
- ☐ Sports / activity clearance (New: 99203–99205 / Established: 99213–99215)
- ☐ Prenatal cardiac consultation (New: 99203–99205 / Established: 99213–99215)

**PROCEDURE / TEST REFERRAL**

- ☐ Echocardiogram (TTE) – 93306
- ☐ Fetal echocardiogram – 76825
- ☐ Electrocardiogram (ECG/EKG) – 93000
- ☐ Holter monitor – 93224
- ☐ Event monitor – 93268
- ☐ Exercise stress test – 93015
- ☐ Cardiopulmonary exercise test (CPET) – 93797
- ☐ Ambulatory BP monitoring – 93784
- ☐ Cardiac MRI – 75557
- ☐ Cardiac CT – 75574
- ☐ Transesophageal echocardiogram (TEE) – 93312
- ☐ Cardiac catheterization – 93451
- ☐ Electrophysiology study – 93619

- ☐ Pacemaker / ICD evaluation – 93288

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## 🧠 PEDIATRIC NEUROLOGY

### CONSULT REFERRAL

- ☐ Seizure / epilepsy evaluation (New: 99203–99205 / Established: 99213–99215)
- ☐ Developmental delay (New: 99203–99205 / Established: 99213–99215)
- ☐ Headaches / migraines (New: 99203–99205 / Established: 99213–99215)
- ☐ Abnormal movements / tics (New: 99203–99205 / Established: 99213–99215)
- ☐ Cerebral palsy (New: 99203–99205 / Established: 99213–99215)
- ☐ Neuromuscular disorder (New: 99203–99205 / Established: 99213–99215)
- ☐ Regression (New: 99203–99205 / Established: 99213–99215)
- ☐ Neurogenetic disorder (New: 99203–99205 / Established: 99213–99215)
- ☐ Hypotonia / hypertonia (New: 99203–99205 / Established: 99213–99215)

### PROCEDURE / TEST REFERRAL

- ☐ EEG – 95816
- ☐ Prolonged EEG – 95812
- ☐ Video EEG monitoring – 95951
- ☐ Ambulatory EEG – 95812
- ☐ Brain MRI – 70553
- ☐ Spine MRI – 72158
- ☐ Lumbar puncture – 62270
- ☐ EMG / nerve conduction study – 95907 / 95886
- ☐ Evoked potentials – 95925
- ☐ Botox injections (spasticity) – 64612
- ☐ Baclofen pump evaluation – 62360
- ☐ VNS evaluation – 61885

- ☐ Ketogenic diet program – 99214

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## 🌿 PEDIATRIC ALLERGY & IMMUNOLOGY

### CONSULT REFERRAL

- ☐ Food allergy (New: 99203–99205 / Established: 99213–99215)
- ☐ Asthma (New: 99203–99205 / Established: 99213–99215)
- ☐ Allergic rhinitis (New: 99203–99205 / Established: 99213–99215)
- ☐ Eczema / atopic dermatitis (New: 99203–99205 / Established: 99213–99215)
- ☐ Chronic urticaria / angioedema (New: 99203–99205 / Established: 99213–99215)
- ☐ Recurrent infections (New: 99203–99205 / Established: 99213–99215)
- ☐ Suspected immunodeficiency (New: 99203–99205 / Established: 99213–99215)
- ☐ Eosinophilic disorders (New: 99203–99205 / Established: 99213–99215)

### PROCEDURE / TEST REFERRAL

- ☐ Skin prick testing – 95004
- ☐ Intradermal testing – 95024
- ☐ Patch testing – 95044
- ☐ Serum IgE testing – 86003
- ☐ Oral food challenge – 95076
- ☐ Drug allergy challenge – 95076
- ☐ Venom testing – 95115
- ☐ Allergy immunotherapy (SCIT) – 95165
- ☐ Sublingual immunotherapy – 95180
- ☐ Biologic therapy administration – 96413 / 96372
- ☐ IVIG / SCIG infusion – 96361 / 96365
- ☐ Desensitization protocol – 95170

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## 🧩 PEDIATRIC DEVELOPMENTAL & BEHAVIORAL

### CONSULT REFERRAL

- ☐ Global developmental delay (New: 99203–99205 / Established: 99213–99215)
- ☐ Autism spectrum disorder evaluation (New: 99203–99205 / Established: 99213–99215)
- ☐ ADHD evaluation (New: 99203–99205 / Established: 99213–99215)
- ☐ Behavioral concerns (New: 99203–99205 / Established: 99213–99215)
- ☐ Learning difficulties (New: 99203–99205 / Established: 99213–99215)
- ☐ Emotional regulation issues (New: 99203–99205 / Established: 99213–99215)
- ☐ Sleep problems (New: 99203–99205 / Established: 99213–99215)
- ☐ Feeding behavior issues (New: 99203–99205 / Established: 99213–99215)

### PROCEDURE / TEST REFERRAL

- ☐ Comprehensive developmental assessment – 96110 / 96111
- ☐ ADOS / ADI-R testing – 96112 / 96113
- ☐ Cognitive / IQ testing – 96130 / 96131
- ☐ Adaptive functioning assessment – 96116
- ☐ Speech & language evaluation – 92523
- ☐ Occupational therapy evaluation – 97165 / 97166
- ☐ Physical therapy evaluation – 97161 / 97162
- ☐ Medication management consultation – 99203–99205 / 99213–99215
- ☐ School IEP / 504 support – 99213–99215

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## 🍎 PEDIATRIC GASTROENTEROLOGY

### CONSULT REFERRAL

- ☐ GERD (New: 99203–99205 / Established: 99213–99215)
- ☐ Chronic abdominal pain (New: 99203–99205 / Established: 99213–99215)

- ☐ Constipation / encopresis (New: 99203–99205 / Established: 99213–99215)
- ☐ Failure to thrive (New: 99203–99205 / Established: 99213–99215)
- ☐ Inflammatory bowel disease (New: 99203–99205 / Established: 99213–99215)
- ☐ Celiac disease (New: 99203–99205 / Established: 99213–99215)
- ☐ Eosinophilic GI disease (New: 99203–99205 / Established: 99213–99215)
- ☐ Chronic diarrhea (New: 99203–99205 / Established: 99213–99215)
- ☐ Liver disease (New: 99203–99205 / Established: 99213–99215)

**PROCEDURE / TEST REFERRAL**

- ☐ Upper endoscopy (EGD) – 43235
- ☐ Colonoscopy – 45378
- ☐ Flexible sigmoidoscopy – 45330
- ☐ Capsule endoscopy – 91110
- ☐ pH probe study – 91034
- ☐ pH impedance study – 91034
- ☐ Breath testing (lactose, fructose, SIBO) – 91065
- ☐ Anorectal manometry – 91122
- ☐ Esophageal manometry – 91035
- ☐ Abdominal ultrasound – 76700
- ☐ MR enterography – 74283
- ☐ FibroScan – 91200
- ☐ Feeding tube management – 43752
- ☐ Biologic infusion therapy – 96413 / 96365