

Rehab / Wound Care Clinic Outpatient Referral Form

Revised 8.10.2016

PLEASE COMPLETE ALL FIELDS

Location: Molokai General Hospital - Rehab Wound Care Clinic | Phone 808-553-3192 | Fax 808-553-3153

Primary Providers: Ajay Bhatt, MD | Michael Shin, MD | Brianne R. Childs, PT-DPT

For services (CPT Codes): 97597, 97598, 97602, 11042 -11047, 11100, 29580, 29581, 29445, 10060, 11061, 10140, 10160,

(Cont' CPT Codes): 10180, 11100, 11101, 10080, 10081, 11720-11750, 17250, 97605, 97606, 99203, 99204, 99213, 99214

**Many insurance plans require prior authorization and/or physician referral which may take up to 14 days.
If the patient needs to be seen earlier, please indicate: URGENT Routine.**

Today's date:

Patient's Name:		Date of Birth:
Current Address:		Zip Code:
Mailing Address (if different from above):		Zip Code:
Primary Phone #:	Secondary Phone #:	Other:
Is English the patient's primary language? <input type="checkbox"/> YES <input type="checkbox"/> NO , if no, please indicate primary language:		
Referring Physician:	Phone #:	Fax #:
PCP:	Is the patient able to ambulate independently? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Worker's Compensation / No-Fault Insurance Claim

Is the illness / injury covered by a Worker's Compensation or No-Fault claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Agency Name:	Body part injured:	Date of Injury:
Claim #:	Adjustor Name:	Adjustor Phone #:

Health Insurance Information

Primary Insurance:	Subscriber:	Sub ID:
Secondary Insurance:	Subscriber:	Sub ID:
Tertiary Insurance:	Subscriber:	Sub ID:

Diagnosis and Pertinent Medical History

ICD-10 diagnosis codes (see page 2 for ICD-9 common diagnosis):		
# of wounds:	Wound location(s):	
If the wound is on an extremity, is patient being seen by a vascular surgeon? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, is the vascular surgeon aware of and approve of this referral? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the wound on a surgical site (ie amputation stump)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of surgeon:	Date of surgery:	CPT Code(s):

*Please inform us if patient has a history of the following: MRSA VRE ESBL C. Diff

Needed Documentation

History & physical or clinical documentation that includes the following information (IF AVAILABLE):

1. Wound location(s),size(s), and duration:
2. Previous treatments that have been tried:
3. A statement saying the patient is being referred to the Rehab/Wound Care Clinic:
4. Labs/imaging in the past 2 months, particularly Prealbumin, A1C, and vascular studies:

Patients admitted to the RWCC are assessed & treated by the rehab / wound care clinic providers.

Thank you for your referral! Should you have any questions, please do not hesitate to call us at 808-553-3192.

Please ensure that patients are not admitted to or discharged from the hospital or scheduled for surgery on the same day as RWCC visit

Non-Pressure Ulcer Diagnosis	Code	Surgical Ulcers	Code
Ulcer of Lower Extremity	707.10	Post-traumatic wound infection, NEC	958.3
Ulcer of Thigh	707.11	Other complications of procedures, NEC; disruption of wound, unspecified	998.30
Ulcer of Calf	707.12	Other complications of procedures, NEC; disruption of wound; disruption of internal surgical wound	998.31
Ulcer of Ankle	707.13	Other complications of procedures, NEC; disruption of wound; disruption of external surgical wound	998.32
Ulcer of Heel and Midfoot	707.14	Other complications of procedures, NEC; disruption of wound; disruption of traumatic wound repair	998.33
Ulcer of Other Part of Foot (includes toes)	707.15	Infected Postoperative Saroma	998.51
Ulcer of Other Part of Lower Limb	707.19	Other Postoperative Infection	998.59
Chronic Ulcer of Other Specified Sites (FOR LOCATION NOT LISTED)	707.8	Non Healing Surgical Wound	998.83
Chronic Ulcer of Unspecified Site	707.9		
Pressure Ulcer Location Diagnosis	Code	Circulatory Disease Diagnosis	Code
Pressure Ulcer, Unspecified Site	707.00	Chronic venous hypertension with ulcer	459.31
Pressure Ulcer, Elbow	707.01	Chronic Venous Hypertension w/ulcer & inflammation	459.33
Pressure Ulcer, Upper Back	707.02	Venous (peripheral) insufficiency, unspecified	459.81
Pressure Ulcer, Lower Back	707.03	Varicose Veins of Lower Extremities w/ Ulcer	454.0
Pressure Ulcer, Hip	707.04	Varicose Veins of Lower Ext w/ Ulcer & Inflammation	454.2
Pressure Ulcer, Buttock	707.05	Atherosclerosis of extremities w/ ulcer	440.23
Pressure Ulcer, Ankle	707.06	Atherosclerosis of extremities w/ gangrene	440.24
Pressure Ulcer, Heel	707.07	Peripheral Vascular Disease, unspecified	443.9
Pressure Ulcer, Other Site	707.09	Hyperbaric Oxygen Indicated Diagnosis	Code
		Arterial Embolism and Thrombosis of Upper Extremity	444.21
		Arterial Embolism and Thrombosis of Lower Extremity	444.22
Pressure Ulcer, unspecified stage	Code	Injury to blood vessels of iliac artery	902.53
Pressure ulcer, stage I	707.20	Injury to blood vessels of brachial blood vessels	903.1
Pressure ulcer, stage II	707.21	Injury to blood vessels of axillary artery	903.01
Pressure ulcer, stage III	707.22	Injury to blood vessels of common femoral artery	904.0
Pressure ulcer, stage IV	707.23	Injury to blood vessels of popliteal artery	904.41
Pressure ulcer, unstageable	707.24	Compromised Skin Graft / Flap	996.52
		Osteoradionecrosis	996.89
Diabetes Diagnosis	Code	Necrotizing fasciitis	728.86
Diabetes w/ Peripheral Circ. Disorders: <u>Type 2</u> or Unspecified, not stated as uncontrolled	250.70	Late Effect of Radiation	909.2
Diabetes w/ Peripheral Circulatory Disorders: <u>Type 1</u> , not stated as uncontrolled	250.71	Effects of Radiation, unspecified (Radiation Injury)	990
Diabetes w/ Peripheral Circ. Disorders: <u>Type 2</u> or Unspecified Type, uncontrolled	250.72	Crush injuries of multiple and unspecified sites (0 - multiple, not elsewhere classified, 9 - unspecified)	929.____
Diabetes w/ Peripheral Circulatory Disorders: <u>Type 1</u> , uncontrolled	250.73	Crush injuries of upper limb. 4th & 5th: 00-shoulder region 01-scapular region 02-axillary region 03-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	927.____
Diabetes w/ other specific manifestations: <u>Type 2</u> or Unspecified, not stated as uncontrolled	250.80	Crush injuries of lower limb. 4th & 5th: 00-hip 10-lower leg 11-knee / 20-foot/heel 21-ankle / 3-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	928.____
Diabetes w/ other specific manifestations: <u>Type 1</u> , not stated as uncontrolled	250.81	Crush injuries of lower limb. 4th & 5th: 00-hip 10-lower leg 11-knee / 20-foot/heel 21-ankle / 3-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	928.____
Diabetes w/ other specific manifestations: <u>Type 2</u> or Unspecified, uncontrolled	250.82	Crush injuries of lower limb. 4th & 5th: 00-hip 10-lower leg 11-knee / 20-foot/heel 21-ankle / 3-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	928.____
Diabetes w/ other specific manifestations: <u>Type 1</u> , uncontrolled	250.83	Crush injuries of lower limb. 4th & 5th: 00-hip 10-lower leg 11-knee / 20-foot/heel 21-ankle / 3-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	928.____
Diabetes w/ neurological manifestations: <u>Type 2</u> or Unspecified, not stated as uncontrolled	250.60	Crush injuries of lower limb. 4th & 5th: 00-hip 10-lower leg 11-knee / 20-foot/heel 21-ankle / 3-upper arm 09- multiple sites / 10-forearm 11-elbow / 20 hand 21-wrist / 3-finger(s) / 8-multiple sites of upper limb / 9-unspecified site Arm NOS	928.____
Diabetes w/ neurological manifestations: <u>Type 1</u> , not stated as uncontrolled	250.61	Chronic Osteomyelitis- 5th digit: 0-site unspecified 1-shoulder region 2-upper arm 3-forearm 4-hand 5-pelvic region/thigh 6-lower leg 7-ankle & foot 8-other specified sites 9-multiple sites	730.1_
Diabetes w/ neurological manifestations: <u>Type 2</u> or Unspecified Type, uncontrolled	250.62		
Diabetes w/ neurological manifestations: <u>Type 1</u> , uncontrolled	250.63		