

# Children's Hospital Helpful Hints For Referring Consultations



**Children's Hospital**  
Greenville Health System

<u>Pediatric Specialty</u>	<u>Main Number</u>
Cardiology	864-454-5120
Dev/Behavioral/Psych	864-454-5115
Endocrinology	864-454-5100
Gastroenterology	864-454-5125
Hematology/Oncology	864-455-8898
Infectious Disease	864-454-5130
Ophthalmology	864-454-5540
Nephrology	864-454-5105

<u>Pediatric Specialty</u>	<u>Main Number</u>
Neurology	864-454-5110
Neurosurgery	864-797-7440
New Impact	864-675-3488
Pulmonology	864-454-5530
Rheumatology	864-454-5004
Sleep Medicine	864-454-5660
Surgery	864-797-7400
Urology	864-454-5135

**Attention offices with Electronic Medical Record – EMR: If you have an electronic EMR that would provide required information, we will accept electronic information in place of our consultation form.**

## **For ALL Specialty Practices:**

In order to expedite your referral please be sure that all documentation is included. This would help us greatly and is much appreciated!!! Items needed are:

1. Please remember to check the appropriate box to which practice you are referring.
2. Completed Referral Form- either Children's Hospital form or electronic form with all demographic information and questions answered
3. Insurance Card – front and back along with a Prior Authorization if needed
4. Last 2 office notes
5. ALL Results/Reports for X-Ray, Labs, Echo, EKG, Culture/Stool Studies etc
6. If the patient is coming from out of state and was seen by a specialist please include these records – this will expedite the New Patient Appointment being scheduled
7. PRIOR AUTH FOR: Tricare Prime; Tricare Remote and HMO Blue Choice Health Plan of SC and State beginning with ZCC

**Cardiology** – For Referrals requesting an Echo Only, patients must be over age 5. Any patient age 5 and under will require a FULL Cardio Consult.

**Developmental/Behavioral/Psych** – Please note specific referral concerns to be addressed by Developmental-Behavioral/Psych Pediatrics. Patients under 5 years of age referred for autism will meet with a clinical service coordinator within 3 weeks of referral. All other referrals will need to complete a new patient packet before scheduling. This packet will be mailed to all referred patients; however, it is also now available on our website at <http://www.ghschildrens.org/dbpeds>. If you provide a packet to your patient please note this on the referral form.

**Endocrinology** – Referrals MUST include a Growth Chart

**Gastroenterology** – Referrals MUST include any previous studies

**Hematology-Oncology** – Prefers referrals via phone – please call 864-455-8898

**New Impact Nutrition** – Please include ALL Diagnosis Codes that apply to the patient other than 278.0 Obesity & V85.54 – see below list .

701.2 Acanthosis Nigricans	796.2 Elevated B/P without HTN	401.9 Hypertension
327.23 Obstructive Sleep Apnea	268.9 Vitamin D Deficiency NOS	790.21 Impaired fasting glucose
790.22 Impaired glucose tolerance	272 Hypercholesterolemia	573.3 Hepatitis NOS
789.09 Abdominal Pain	704.1 Hirsutism	493.90 RAD
530.81 GERD	Other Not listed	

## **Pulmonology-**

- New patients MUST bring their radiologic studies to the appointment on a CD or DVD.
- If physician is not specified first available appointment will be filled – Snodgrass/Gwinn

## **Surgery -**

- **Pectus (Chest Wall Deformity)**- All patients will need a Chest X-ray PA & LAT prior to the appointment. (Preferably at a GHS facility) If done elsewhere, please have patient bring copies of X-ray on a disc to the appointment.
- **Circumcisions**- If patient is 10lbs or less, the procedure may be performed in the office. If over 10lbs, the procedure will be performed in the OR as outpatient. All patients with a Medicaid plan that will not cover circumcisions will need to pay for the procedure before services are rendered. Cash or Credit Card only.

## **Urology -**

- **Bed Wetting** - Children older than 7 years old should not be referred for uncomplicated bedwetting. A child older than 7 who has a normal urinalysis, normal physical exam, and no history of urinary tract infections must have failed standard therapy prior to referral.
- **Daytime Incontinence** – Voiding Diary required at the time of referral.
- **Circumcisions** - Child must be 6 months or older at the time of appointment/referral will be accepted at any age.