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San Antonio, TX 78215
- 9238 Floyd Curl Dr., Suite 101
San Antonio, TX 78240
- 813 Paris
Castroville, TX 78009

P: (210) 558-6234
F: (210) 446-5039

Group Tax ID:
82-4642294

Fellowship Trained Mohs Surgeons

REFERRAL FORM

Ryan P. O'Quinn, MD
 NPI # 1205881281
 Direct Mail Address:
 roquinn@stxsc.emadirect.md

Joshua Owen, MD, PhD
 NPI #1154717726
 Direct Mail Address:
 jowen@stxsc.emadirect.md

Courtney Aldridge, PA-C
 NPI #1205966819
 Direct Mail Address:
 caldridge@stxsc.emadirect.md

Patient Name: _____

Reason for Referral: _____

Biopsy Done: Yes No

REFERRAL URGENCY: FIRST AVAILABLE FAST TRACK

Referring Physician: _____ Phone: _____

Contact Person at Office for Referral: _____ Fax: _____

COMMON REFERRAL CODES for MOHS:

99203/99214 PLUS the following CPT Codes:

**Head, Neck, Hands, Feet, Genital
17311 & 17312**

Trunk, Arms, Legs

17313 & 17314

REPAIR CODE:

**(Face) 13132, 13152, 14041,
14061, 15240, 15260**

**(Trunk) 13101, 13121, 14021,
15220**

REFERRAL CODES for Other

Dermatology Visits:

**99203/99214 PLUS
11102 and 17000**

COMMON ICD-10 DERM CODES:

Skin Lesion: D48.5

BCC: C44.xxx

SCC: C44.xxx

Melanoma: C43.xxx

Melanoma in Situ: D03.xxx

PLEASE FAX THE FOLLOWING:

- ✓ Referral Request Form
- ✓ Insurance Referral Authorization
- ✓ Progress Notes
- ✓ Path Report
- ✓ Patient Demographics & Insurance
- ✓ Authorization for HMO

Your referrals are important to us. If you have any concerns or if you need immediate attention, please contact Lisa De La Garza, NRCMA, Customer Service Manager, at stxmohs@sbcglobal.net

www.stxskincancer.com

THANK YOU FOR YOUR REFERRAL!