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A. Allergic Rhinoconjunctivitis [ICD-9 Codes: 477.0, 477.2, 477.8] [ICD-10 Code: J30.1, J30.81, J30.2, J30.89]

Refer to Specialist when:

- Patients with persistent rhinoconjunctivitis unresponsive to medications after one month (e.g. nasal steroids) and simple environmental measures (e.g. allergy proof encasements, etc.)
- Children with AR should be referred to allergist since new evidence suggests allergen immunotherapy has potential preventative role in progression of allergic disease and control of asthma as well as dermatitis symptoms.
- Patients with co-morbidity such as bronchial asthma and recurrent sinusitis.
- Patients who do not tolerate medication or have side effects from medication
- Patients with symptoms interfering with quality of life or ability to function/sleep.
- Patients with nasal polyp
- Patients with chronic or recurrent infectious sinusitis equal or greater than four times a year.
- Patients who may benefit from allergen immunotherapy. It is proven to be cost effective.
- Occupational allergy (e.g. veterinarians, gardeners)

Pre-Referral Workup

- ▶ None

B. Anaphylaxis [ICD-9 Code: 995.*] [ICD-10 Code: T78.*]

Refer to Specialist when:

- If the etiology of the anaphylaxis is unknown or the reaction was particularly severe
- If the family wants to learn more about other potential allergies
- Persons with food, drug, exercise induced or venom induced anaphylaxis

Pre-Referral Workup

- ▶ Prescribe EpiPen for treatment of anaphylaxis

C. Asthma [ICD-9 Code: 493.*] [ICD-10 Code: J45.*]

Refer to Specialist when:

- Patients with moderate to severe persistent asthma
- Patients with mild persistent asthma which is not well controlled on low dose inhaled corticosteroids.
- Patients with more than one emergency room visit for asthma within the past year, or patients who have required hospitalization for asthma within the past year.
- Patients with excessive school or work absence due to asthma.
- Daily asthma therapy in infants, toddlers and preschool age children.
- Patients needing two steroid bursts in the past year
- Patients with significant asthma and poor compliance with medications and instructions

Pre-Referral Workup

- ▶ None

D. Atopic Dermatitis [ICD-9 Code: 691.8] [ICD-10 Code: L20.0, L20.81, L20.82, L20.84, L20.89]

Refer to Specialist when:

- To confirm the diagnosis of atopic dermatitis in a patient with dermatitis.
- To identify the role of inhalant allergy in patients with atopic dermatitis.
- To identify the role of food allergy in patients with atopic dermatitis.
- Patients whose atopic dermatitis responds poorly to treatment
- For in-depth exploration of immune mechanisms and etiology of atopic dermatitis.
- People with eczema who also have asthma or hay fever as children or adults.

Pre-Referral Workup

- ▶ None

E. Drug Allergy [ICD-9 Code: 995.2*] [ICD-10 Code: T50.*]

Refer to Specialist when:

- Patients with a history of penicillin allergy who have a significant probability of requiring future antibiotic therapy or where a penicillin class antibiotic is the drug of choice.
- Patients with histories of multiple drug allergy/intolerance.
- Patients with histories of adverse reactions to NSAID who require aspirin or other NSAID.
- Patients with a history of possible allergic reactions to local anesthetics.

Pre-Referral Workup

- ▶ None

F. Eosinophilic Esophagitis [ICD-9 Code: 530.13] [ICD-10 Code: K20.0]

Refer to Specialist when:

- EGD consistent with EoE (>15 eos/hpf) with distal, mid and proximal biopsies (preferably).
- Difficulty swallowing, failure to thrive, vomiting, abdominal pain, GERD, food impaction, chest pain.

Pre-Referral Workup

- ▶ None

G. Food Allergy [ICD-9 Code: 995.7] [ICD-10 Code: T78.1XXA]

Refer to Specialist when:

- Persons who have experienced allergic symptoms (anaphylaxis, urticaria, angioedema, itch, wheezing, gastrointestinal responses) in association with food exposure.
- Patients with a diagnosed food allergy for ongoing guidance.
- Atopic families with, or expecting, a newborn who are interested in identifying risks for, and preventing, allergy.
- Persons who experience an itchy mouth from raw fruits and vegetables.
- Infants with recalcitrant gastroesophageal reflux, dysphagia or known eosinophilic inflammation of the gut.
- Infants with gastrointestinal symptoms including vomiting, diarrhea (particularly with blood), poor growth, and/or malabsorption.

Pre-Referral Workup

- ▶ Prescribe Epipen for suspected food allergy

H. Immunodeficiency [ICD-9 Code: 279.3] [ICD-10 Code: D84.8, D84.9]

Refer to Specialist when:

- Patients with a history of recurrent and/or unusual infections of the respiratory tract, skin, blood, CNS or internal organs.
- Patients with two or more months on antibiotic with little or no effect or need for IV antibiotics to clear infections.
- Patients with a history of antibody, T cell, phagocytic or complement deficiency.
- Patients or family with a history of immune deficiency.

Pre-Referral Workup

- ▶ None

I. Insect Hypersensitivity [ICD-9 Code: V15.06] [ICD-10 Code: Z91.038]

Refer to Specialist when:

- ≤ 16 years of age with generalized cutaneous symptoms to determine if reaction is IgE mediated and adrenaline is required.
- ≤ 16 years of age: systemic reaction with respiratory tract involvement is an indication for venom immunotherapy.
- ≥ 16 years of age: systemic cutaneous reaction even without respiratory symptoms is an indication for venom immunotherapy.

Pre-Referral Workup

- ▶ None

J. Sinusitis [ICD-9 Code: 473.9] [ICD-10 Code: J32.9]

Refer to Specialist when:

- Patients with nasal polyps.
- Patients with chronic or recurrent infectious sinusitis equal or greater than four times a year.
- Patients with symptoms suspicious of chronic sinusitis longer than three months.
- Patients with evidence of fungal sinusitis.

Pre-Referral Workup

- ▶ None

K. Urticaria / Angioedema [ICD-9 Code: 708.9] [ICD-10 Code: L50.9]

Refer to Specialist when:

- Patients with acute urticaria or angioedema without an obvious or previously defined trigger and who fail adequate trial of H1 antihistamines for 4 weeks.
- Patients with acute urticaria or angioedema due to a presumed food or drug with need for diagnostic confirmation or assistance with avoidance procedures.
- Patients with chronic urticaria or angioedema, i.e. those with lesions recurring persistently over a period of six weeks or more requiring 1 course of systemic steroids.
- Patients with chronically recurring angioedema without urticaria.
- Patients with suspected or proven cutaneous or systemic mastocytosis.

Pre-Referral Workup

- ▶ None