Members under the following criteria are appropriate to be referred to the *L.A. Cares About Your* Heart® Disease Management program:

- **Hypertension**
- Age **18** or older
- **Dual Special Needs Program (DSNP), L.A. Care Covered,** or **MCLA** lines of business

Exclusions:
- » Enrollment in Palliative Care and/or Hospice
- » Meets frailty criteria (based on ICD-10 codes)
- » Advanced illness (including but not limited to):
    - o Advanced liver disease
    - o Chronic heart failure (CHF) / Stroke
    - o End-stage renal disease (ESRD)
    - o Advanced cancer (malignancy)
- » Dementia
- » Escalated severity

Primarily identify exclusions through ICD-10 codes and subsequently through telephonic interactions

Date Referred: _____

Referred By: _____   Referrer's Phone #: _____

Member Information

Member Name: _____   Member DOB: _____

Member ID: _____   Member Language: _____

Member Phone: _____   Product Line: _____

Primary Care Physician (PCP) Information

PCP Name: _____   PCP Phone#: _____

Diagnosis(es) / ICD-10 Code(s)

1: _____   2: _____

Reason(s) for Referral

Issue prompting referral:

Recent hospital/ER/SNF visits:

SUBMIT THIS INFORMATION TO L.A. CARE VIA:
SECURE (ENCRYPTED) EMAIL: heartdm@lacare.org   FAX: 213.438.4860
For any questions, please call the *L.A. Cares About Your* Heart® Resource Line at: 855.707.7582

L.A. Cares About your
Heart®

Included Diagnoses / ICD-10:

I10	Primary Hypertension (HTN)
I11	Hypertensive heart disease
I11.0	Hypertensive heart disease / heart failure
I13	HTN related to CKD
I16	Hypertensive crisis
I51 & I51.1-9	Ill-defined cardiac disease
R03.0	Elevated BP w/o formal Dx
E78	Hypercholesterolemia pure
E78.01	Hypercholesterolemia hereditary or familial