Pediatric Rheumatology Referral Guidelines

Suggested Pre-Referral Evaluation

This is a general suggestion of possible testing to confirm a suspected diagnosis. While referrals will be accepted without the suggested Pre-Referral Evaluation having been completed, submission of items listed in the Pre-Referral Work-up section with the initial referral will facilitate timely processing.

In addition to the suggested Pre-Referral Evaluation in the tables below, it is recommended that the following information is also provided:

- Referring physician name, office address, and phone number
- Patient demographics and parent/legal guardian contact information
- Reason for referral with notes
- Insurance information for patient
- Authorization (when required)

Contact Information

For appointment, please call 888-631-2454.
Fax ALL pertinent medical records to 323-361-8988.
To speak with a CHLA Rheumatology provider, please call 323-361-2119 and ask to speak with the Rheumatologist on service.

Website: https://www.chla.org/rheumatology
CHLA Rheumatology Providers: https://www.chla.org/rheumatology/team

Pediatric Rheumatology Referral Guidelines

Rheumatology Diagnoses		
Arthralgia (ICD-10 Code: M25.5)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
Check for presence of: ✓ Joint swelling ✓ Hypermobility ✓ Flat feet ✓ Contractures	✓ If patient has persistent joint swelling, persistent (>2 weeks) limp or joint contracture ✓ Difficulties with activities of daily living	✓ CBC, CMP, ESR, Urinalysis, ANA, RF, HLA-B27, CCP, CRP, LDH, Uric Acid ✓ Quant Gold TB / PPD_1 ✓ X-rays of involved joint(s) if appropriate
Joint Swelling, Joint Contracture, Limp Joint (ICD-10 Code: M25.4)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Rule out infection, septic joint – if suspicious, refer urgently to Orthopedics ✓ Document joint swelling, contractures ✓ Check x-rays as appropriate	✓ If patient has persistent (>2 weeks) joint swelling, limp or joint contracture, not attributable to an injury or Orthopedic problem ✓ Difficulties with activities of daily living	✓ CBC, CMP, ESR, Urinalysis, ANA, RF, HLA-B27, CCP, CRP, LDH, Uric Acid ✓ Quant Gold TB / PPD ✓ X-rays of involved joint(s) if appropriate
Weakness and Myalgia (ICD-10 Code: M62.81)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Check for proximal muscle weakness ✓ Check for difficulty swallowing /gagging/aspirating ✓ Check for presence of typical DM rash (photosensitive, Gottron's, Heliotrope) ✓ Consider MRI of the pelvis with $STIR_2$ to evaluate for prox. myositis ✓ Evaluate for neurologic problem or infection (e.g., post viral myositis)	✓ If weakness persists and is not attributable to a neurologic problem or infection ✓ If there is a typical DM rash (photosensitive, Gottron's, Heliotrope) ✓ If the MRI shows muscle edema consistent with inflammation in the proximal muscles ✓ Difficulties with activities of daily living	✓ CBC, CMP, ESR, Urinalysis, CPK, Aldolase, LDH, Uric Acid, CRP ✓ Quant Gold TB / PPD ✓ Results of MRI if previously completed

[1]PPD and/or Quantiferon TB Gold Test recommended under every referral category as patient will likely be treated with immunosuppressive medications and need to be tested for latent TB before treatment. This helps expedite treatment once patient is seen/diagnosis is made. For arthritis, uveitis, fevers and other systemic disease, TB is part of the differential diagnosis and needs to be ruled out

[2] MRI with and without contrast and with STIR is a technique for fat suppression signal. It stands for short TI inversion recovery

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Back Pain (ICD-10: M54.9)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Check for Sacroiliac (SI) Joint tenderness ✓ Check for global stiffness, and specifically, ability to flex and extend back ✓ Consider MRI (without contrast) of pelvis and SI joints	✓ If patient shows signs of SI joint tenderness or +MRI c/w inflammatory arthritis in SI joints/spine ✓ If ability to flex/extend back is decreased, or if patient has difficulty with daily tasks that require bending/flexing back (e.g., tying shoes)	✓ CBC, CMP, ESR, Urinalysis, HLA-B27, CRP, RF, CCP, LDH, Uric Acid ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging
Malar Rash (ICD-10: R21)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Monitor if rash persists over time, or becomes purpuric or eroded ✓ Check for signs of Systemic Lupus	✓ If rash persists or becomes purpuric or eroded ✓ If previously obtained other autoantibodies dsDNA, Smith, RNP, antiphospholipid Ab) are positive (not just ANA) ✓ If patient has any other systemic signs of Lupus, including: joint swelling, oral ulcers, proteinuria, serositis, cytopenias, or mental status changes	✓ CBC, CMP, ESR, Urinalysis (micro and macro), CRP, ANA (by IFA), LDH, Uric Acid, dsDNA, C3, C4 ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging
Proteinuria (ICD-10: MR80.9) **Hematuria** (ICD-10 Code: R31.9)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Monitor if proteinuria persists ✓ Check for signs of Lupus or vasculitis ✓ Check 1st am urine for Prot/Creatinine ✓ Rule out infection (urine cx, Chlamydia/GC)	✓ If proteinuria or hematuria persists and there is no infectious or anatomic cause found and there is some other manifestation signs of systemic disease including: rash, fever, weight loss, arthritis, serositis, or Lupus serologies[3]	✓ CBC, CMP, ESR, Urinalysis (micro and macro), CRP, ANA (by IFA), LDH, Uric Acid, dsDNA, C3, C4 ✓ ANCA ✓ Urine protein to creatinine ratio ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging

[3]While we do not recommend routine use of "lupus panels", if the patient is already positive for ANA and dsDNA, Smith, RNP, antiphospholipid, they should be referred

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Unexplained Fevers (ICD-10 Code: R50.9)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Rule out infection first ✓ Rule out malignancy ✓ Examine for signs of systemic autoimmune disease, especially arthritis ✓ Consider infectious disease and/or oncology consult for unusually prolonged or persistent fevers[4]	✓ If no evidence of infection or malignancy ✓ If there are specific signs of systemic disease – including rash, oral ulcers, arthritis, serositis, etc. ✓ If there is a family history of periodic fevers	✓ CBC, CMP, ESR, CRP, Urinalysis, CRP, CXR, LDH, Uric Acid o If considering periodic fever syndrome, obtain with and without a fever ✓ Quant Gold TB / PPD
Skin Tightening or Extremity Color Changes (ICD-10 Code: L98.8)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Examine for signs of sclerodactyly or skin tightening, esophageal dysmotility, calcinosis, pulmonary hypertension ✓ Screen for ability to make a fist or joint contractures ✓ Screen for lung disease[5] ✓ Raynaud's	✓ If there are progressive skin changes (including focal or linear lesions, e.g. Morphea) ✓ If there are joint contractures ✓ If there are any signs of systemic disease or lung disease ✓ If there are unexplained digital ulcers	✓ CBC, CMP, ESR, Urinalysis (micro and macro), CRP, CXR, ANA (by IFA), LDH, Uric Acid ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging
Iritis – Inflammatory Eye Disease (ICD-10: H20.0)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Refer urgently to Ophthalmology ✓ Examine for signs of systemic disease, especially arthritis	✓ If the Ophthalmologist confirms Uveitis, then complete Pre-Referral Work-up	✓ CBC, CMP, ESR, Urinalysis, Uric Acid, LDH, ANA ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging

[4]Malignancy needs to be ruled out when the patients have persistent/prolonged fevers, but not necessarily when they have a week of fever every other month. Infection needs to be ruled out with recurrent fevers and every episode of fever that the patient has, because the most common cause of recurrent fevers in children are largely asymptomatic minor viral illness where a fever may be the only symptom. It does not always need an extensive work-up with ID consult, but it does need a physician or NP to evaluate whether patient has an infection or not

[5] Basic clinical screening with a focused history and exam for signs of respiratory problems, especially cough, dyspnea and exercise intolerance

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Chronic Pain (ICD-10: G89.29)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Examine for specific source (joint swelling) ✓ Refer 1st to specific specialists (Neuro for headaches, GI for abdominal pain, etc.)	✓ Only if there is a specific source of pain, i.e. arthritis or myositis or there is lab evidence of inflammation (^ ESR) ✓ Otherwise, refer to pain management and PT	✓ CBC, CMP, ESR, Urinalysis (micro and macro), CRP, ANA (by IFA), LDH, Uric Acid ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging
Positive (+) ANA (ICD-10: R76.0)		
Pre-Referral Evaluation	**When to refer to Rheumatology**	**Pre-Referral Work-up**
✓ Examine for specific features of autoimmune disease (joint swelling, rash, etc.)	✓ If patient has specific clinical signs to autoimmune disease (not just a (+) ANA ✓ If there are specific signs of systemic disease – including: rash, oral ulcers, arthritis, serositis, etc.	✓ CBC, CMP, ESR, Urinalysis (micro and macro), CRP, ANA (by IFA), LDH, Uric Acid, T4, TSH ✓ Quant Gold TB / PPD ✓ Results of any previously completed imaging