

Fax completed form with supporting documents to 855-813-0240

Please Include: Insurance card copy, demographics and relevant clinical notes.

** Failure to include this may cause a delay in processing.

INTERVENTIONAL GASTROENTEROLOGISTS

- Kenneth Chang, MD First available
- John Lee, MD _____
- Jason Samarasena, MD

Date of referral: _____ Referring physician: _____

Address: _____ Phone: _____ Fax: _____

Referring MD signature: _____ Referral coordinator: _____

PATIENT INFORMATION *(please print)*

Last: _____ First: _____ Date of birth (MM/DD/YY): _____ Sex: M F

Address: _____ City: _____ State: _____ ZIP: _____

First contact phone: _____ Second contact phone: _____

Email: _____

PRIORITY Emergent (<48 hours) Urgent (<72 hours) Routine

Diagnosis: _____ **ICD-10:** _____

OFFICE VISIT New patient consultation (99245) Follow-up visit (99215) Second opinion

PROCEDURE

- With anesthesia With sedation

EUS with possible FNA (all include anesthesia code)

- Esophageal (43232, 00731)
- Gastric (43242, 00731)
- Pancreatic (43242, 00731)
- Pancreatic with celiac block (64680, 43242, 00731)
- Rectal (45342, 45341, 45330, 45331, 76872, 00811)

ERCP (all include anesthesia code)

- ERCP (43260, 43242, 00732)
- ERCP & balloon dilation (43277, 43242, 00732)
- ERCP & Bx (43261, 43242, 00732)
- ERCP & stent change/removal (43242, 43276, 00732)
- ERCP & stent placement (43274, 43242, 00732)
- ERCP & sphincterotomy (43264, 43242, 00732)
- ERCP & stone removal (43264, 43242, 00732)
- ERCP with lithotripsy (43265, 43242, 43263, 00732)
- ERCP with SOM (43263, 43242, 00732)

OTHER (all include anesthesia code)

- Colonoscopy (45378, 45380, 45385, 00812)
- Colonoscopy & stent (45378, 45380, 45387, 00811)
- Colonoscopy with dilation (45386, 00811)
- Cyst gastrostomy (48001, 43242, 93976, 00731)
- EGD & biopsy (43239, 00731)
- EGD & dilation (43249, 00731)
- EGD & 48-hour pH (Bravo) (43235, 91035, 00731)
- EGD & stent (43266, 00731)
- EGD ultrasound exam duodenum/jejunum (43259, 00731)
- EMR (lower) (45385, 35381, 45382, 00811)
- EMR (upper) (43236, 43239, 43251, 43254, 43255, 00731)
- Endoscopy & RF ablation (43229, 43270, 99070, 00731)
For cryoblation use (43229, 43270, C2618, 00731)
- Flex-sig & Bx (45331, 00811)
- Flex-sig & EMR (45349, 00811)
- Flex-sig with dilation (45340, 00811)
- Polypectomy (00811, 45384, 45385)

SPECIAL CONCERNS *(if any are checked, please provide UCI Health anesthesia questionnaire)*

- Arrhythmia CHF Diabetes ETOH Mobility issues Narcotic Use Renal Failure Sleep Apnea