

**INTERVENTIONAL ENDOSCOPY SERVICES
PATIENT REFERRAL FORM**

200 UCLA Medical Plaza - Suite 365A - Los Angeles - CA - 90095
(P): (310) 267-3636 (F): (310) 206-0007 www.gastro.ucla.edu

Referring MD _____ **Specialty** _____
 Street _____ Suite _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
Office Contact: _____ **Date** _____

PATIENT INFORMATION (Please print)

Last _____ First _____ MI _____
 Date of Birth (mm-dd-yy) _____ Gender Male Female
 SSN _____ UCLA ID (optional) _____
 Street _____ Apt# _____
 City _____ State _____ Zip _____
 Home: _____ Work: _____ Cell: _____

DIAGNOSIS: _____ **ICD-10:** _____
Priority: STAT (24hours) Urgent (72 hours) 2-4 weeks Elective - _____
Pt. History: Diabetes Cardiac Renal Failure Pulmonary Allergies _____
Office Visit: New Patient Consultation (99245) Follow-up Office Visit (99215)
 Obesity Specific Consultation (99245) POEM Consult (99245)

Procedure:

(Please select one based upon patient history and procedure type)

- Moderate / Conscious Sedation
- No Sedation
- Anesthesia - (with authorization if needed)
- Upper (00731) Lower (00811)

Endoscopic Ultrasound with possible FNA

- UPPER - (43239, 43259, 43242)
 - Add Celiac Plexus block - (43253)
- LOWER - (45330, 45331, 45341, 45342, 76872)

ERCP (43260) - Requires anesthesia code (00732)

- Add Biopsy - (43261)
- Add Balloon dilation - (43277)
- Add Stone removal - (43265)
- Add Stent placement - (43274)
- Add Stent change/removal - (43275, 43276)
- Add Sphincterotomy - (43262, 43276, 43277)
- Add Cholangioscopy/Spyglass (43273, 47552, 43265)

Enteroscopy - (44361) - Requires Anesthesia

- Upper Lower

Capsule Endoscopy - Small Bowel - (91110)

Confocal Laser Endomicroscopy

- Esoph/Gastric/SmBwl - (43239, 43206, 43252)
- Pancreatic - (43261, 43274, 48999)
- Biliary - (43261, 43273, 43274, 47999)
- Colon - (45388, 44799)

EGD with Biopsy - (43239)

- Add Dilation - (43249)
- Add Pneumatic Dilation - (43233)
- Add Stent - (43266)
- Add EMR - (Upper) - (43254)
- Add 48-Hour pH capsule - (43235, 91035)
 - ON PPI meds OFF PPI meds

Endoscopy with Ablation

- RF Ablation - (43229, 43270)
- Cryo Ablation - (43229, 43270)

Colonoscopy - (45378, 45380, 45385)

- Add Stent - (45389, 74360)
- Add Polypectomy / EMR - (45385, 45390)

Flex-Sig & Bx - (45330, 45331)

- Flex-Sig & EMR - (45330, 45338)**
- Flex-Sig & Stent - (45330, 45389, 74360)**

Requested MD First Available MD
 (optional) Alireza Sedarat, MD

Stephen Kim, MD
 Raman Muthusamy, MD

Other Care Providers:

Primary MD _____ Phone _____ Fax _____
 Cardiologist _____ Phone _____ Fax _____
 Pulmonologist _____ Phone _____ Fax _____

For use by Interventional Endoscopy Services

Review by: Stephen Kim, MD Alireza Sedarat, MD Raman Muthusamy, MD

MD Signature: _____ **Date** _____ **Time** _____ **Length** _____

Location RR 200 SM

Fax completed form, records, insurance information/authorization to : (310) 206-0007