Lifespan

RIH Endoscopy
Scheduling/Booking Form
Date of Submission:

Patient Data

Name: | Birth Date: | Home phone:

Address: | Sex: M ☐ F ☐ | Other phone:

City: | State: | Zip: | Religion:

Procedure Information

Procedure Date: | Ordering Physician: | Interpreter Needed? Yes ☐ No ☐ | Language:

Requested Time: *Leave date/time blank for Anesthesia cases | Performing Physician: | Pacemaker? Yes ☐ No ☐

PCP: | External Defibrillator? Yes ☐ No ☐ | Make/Serial# of Device:

Dx Codes

ICD10: Description: | ICD10: Description:

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Procedure: Asterisk (*) indicates a Medicare Advanced Beneficiary Notice (ABN) may be needed if ordered test/procedure is not covered by applicable ICD codes/Dx.
Check RI Medicare Local Medicare Review Policy for coverage information ****Requires Additional Requisition Form**

- ☐ M2A Capsule Endoscopy** (91110)
- ☐ 24-Hour pH Monitor** (91034)
- ☐ Bravo 24-Hour pH Capsule** (91035)
- ☐ Bravo 48-Hour pH Capsule**
- ☐ Impedence 24-Hour pH Probe (91038)
- ☐ Esophageal Motility (91010)
- ☐ Esophageal Motility w/Impedence (91037)
- ☐ ECHO Transrectal Ultrasound (76872)
- ☐ EA Motor Nerve w/o Wave Study (95907)
- ☐ EMG Anal Sphincter (51784)
- ☐ Rectal Motility (91122)
- ☐ Balloon Expulsion (91120)
- ☐ Change of G tube (43760)
- ☐ EGD (43235)
- ☐ EGD w/Esophageal Motility (43241)
- ☐ EGD w/PEG (43246)
- ☐ EGD w/Stent Placement (43266)
- ☐ EGD w/Ablation (43270) ☐ Barrx ☐ Cryo
- ☐ EGD w/Ultrasound (43259)
- ☐ EGD w/US FNA (43242) ☐ Need Cytology
- ☐ EGD w/EMR (43254)
- ☐ Flex Sig* (45330)
- ☐ Anoscopy (46600)
- ☐ Ileoscopy via Stoma (44380)
- ☐ Pouchoscopy (44385)
- ☐ Colon* (45378)
- ☐ Screen colon average risk* (G0121) Date of last exam:
- ☐ Screen colon high risk* (G0105) Date of last exam:
- ☐ Colon w/Stent Placement* (45387)
- ☐ Stool Transplant (44705)
- ☐ Retro Colon (44799)
- ☐ ERCP (43260)
- ☐ ERCP w/ Spyglass (43273)
- ☐ Enteroscopy (44360)
- ☐ Spiral Enteroscopy (44376)
- ☐ Single Balloon Enteroscopy
- ☐ ERCP w/ Apollo Overstitch

Other Procedure (Please Specify):

Special Equipment/Supplies Needed:

Sedation Request (Check all that apply)

☐ None ☐ Moderate ☐ General Anesthesia** PAT Scheduled on:

If procedure requires Anesthesia assistance, submit this form with the procedure date BLANK. Someone will call to book this procedure within 2 business days

Note: if applicable boxes are omitted, it may result in delay of the procedure

Preadmission Information

Primary Coverage (Payor): **Primary Coverage Subscriber ID:**

Coverage Plan: | Member ID (Patient): | Authorization #:

Subscriber Name: (if not guarantor or patient) | Subscriber SSN: (if not guarantor or patient) | Subscriber Sex: M ☐ F ☐ (if not guarantor or patient)

Secondary Coverage (Payor): **Secondary Coverage Subscriber ID:**

Coverage Plan: | Member ID (Patient): | Authorization #:

Subscriber Name: (if not guarantor or patient) | Subscriber SSN: (if not guarantor or patient) | Subscriber Sex: M ☐ F ☐ (if not guarantor or patient)

Patient Employer:

Patient Employment Status: | Type of Guarantor Account: | Responsible for Guarantor Account:

Guarantor Name (if not patient): | Guarantor Sex (if not patient): M ☐ F ☐ | Guarantor Birth Date (if not patient):

Guarantor Address (if not patient): | Guarantor SSN (if not patient):

Guarantor Employer (if not patient): | Guarantor Employment Status (if not patient):

Orders: INT on Admission 0.9% N/S @ 30mL/hour during procedure

Ordering MD/Practitioner Name: | Ordering MD/Practitioner Signature: | Date/Time: