

OUTPATIENT ENDOSCOPY DIAGNOSTIC ORDERS - MNM CAMPUS: Petoskey Cheboygan

Patient's Name
Last First MI DOB Male Female

Street City State Zip

Contact Person Primary Phone Secondary Phone
Patient's Email

Insurance Company

Referring Physician Primary Physician Preferred Proceduralist

Procedure (no abbreviations)

Diagnosis/Clinical History Required (No Rule Outs)

Anticoagulation/Anti-platelet medication(s):
Date to stop:

ICD 10 Codes: Preferred Procedure Time: Morning Afternoon
Authorization #:

Standard Prep (Dulcolax / Miralax Prep) Nulytely Prep & Prescription given to patient (dialysis patient) Other Prep: _____

Endoscopy Procedures	CPT Codes	Endoscopy Procedures	CPT Codes	Endoscopy Procedures	CPT Codes
<input type="checkbox"/> Dilution of Esophagus (w/o EGD)	43450	<input type="checkbox"/> 48 Hour pH Monitor / Bravo	91033	<input type="checkbox"/> Colonoscopy Diagnostic* <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood in stool <input type="checkbox"/> Occult Blood in Stool <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> Rectal bleeding <input type="checkbox"/> Abnormal x-ray/CT Scan <input type="checkbox"/> Positive Cologuard <input type="checkbox"/> Other _____	45378
<input type="checkbox"/> Esophageal Motility w/ Impedance	91010 + 91037	<input type="checkbox"/> Variceal Banding	43499		
<input type="checkbox"/> Gastroscopy	43235	<input type="checkbox"/> Colon Decompression	45337		
<input type="checkbox"/> Gastroscopy and Esophageal Dilatation	43220	<input type="checkbox"/> Flexible Sigmoidoscopy	45330		
<input type="checkbox"/> Gastroscopy + Bravo	43235 + 91033	<input type="checkbox"/> ERCP	43260		
<input type="checkbox"/> Gastroscopy + PEG Tube Placement	43235 + 43246	<input type="checkbox"/> PEG Tube Replacement	43760		
<input type="checkbox"/> Fluoroscopy					

Additional Notes (Botox, Kenalog, Stent, etc.):
Lab ICD 10 Code(s) # COVID-19 (if required by regulatory guidelines)

Office Nurse/MA: Phone: Time: Date:
Provider Signature: Time: Date:

MNM TO COMPLETE THE FOLLOWING SECTIONS

Sedation: Procedural Sedation No Sedation MAC Anesthesia Outpatient Length of Procedure: _____ Minutes

Location of Procedure: Endoscopy OR Status: Elective Urgent Height: _____ Weight: _____

Orders Day of Service (as indicated): Oxygen Protocol Tx.159 Pre-Procedure Anesthesia Orders Protocol Tx.213
 Vital Signs per Endoscopy Unit Plan of Care 12300 Discontinue ENDO Periprocedure Powerplan when patient meets criteria

Lab ICD 10 Code(s) # 1. 2. 3.
 CBC HCG (Total) Qualitative COVID-19 (if required by regulatory guidelines)
 Creatinine Urine HCG (Total) Qualitative Other

Draw Upon Arrival if Applicable
 PT / INR (Coumadin Patients) Potassium (Dialysis Patients) Glucose (POC Diabetic Patients)

IV & MEDICATION ORDERS

Follow appropriate protocol for access type

- Peripheral IV protocol
- Peripherally Inserted Central Catheter (PICC Line protocol)
- Midline Catheters: per Midline Catheter protocol

 Establish IV access with 0.9% Saline at 20 mL/hr.
 Extravasation Protocol when indicated—Protocol MM.123
 If Patient Diabetic: Diabetes Management Outpatient Setting Protocol 511200
 Allergic Reaction/ Anaphylaxis / Hypersensitivity Protocol MM.128

Antibiotic Needed:

PROCEDURE SCHEDULED Date _____ AM PM Physician: _____ Nurse Navigator: _____

Provider Signature: Time: Date:



Outpatient Endoscopy Diagnostic Orders
MNM 660.403

R (1/13/2022)