



PATIENT REFERRAL FORM (Effective 10/1/2024)

Date: _____ Referring Provider Name: _____ Fax # _____

Patient Name: _____ D/O/B: _____

Please attach the following information for ALL referrals:

- Patient demographics
- Medication list
- Medical history
- Surgical history
- Labs done in the last 30 days
- Prior authorization and valid dates** _____
- Copies of **ALL** insurance cards front/back w/phone numbers
- Office notes or history and physical (*less than 6-months old*)
- Imaging reports
- Previous colonoscopy and/or EGD reports

Surgical Consultation

Physician requested: Dr. Herrera Dr. McBride Dr. Lozier Dr. Sarazin Any

Reason for referral / Diagnosis: _____

Colonoscopy and/or EGD

Physician requested: Dr. McBride Dr. Lozier Dr. Sarazin Dr Herrera (EGD only) Any

Location Requested: UPHS Bell UP Surgery Center Any

Procedure Requested: Diagnostic Colonoscopy Screening Colonoscopy EGD

Colonoscopy/EGD procedure codes

- G0121 Screening colonoscopy for patient at average risk (*includes positive Cologuard or other fecal tests*)
- G0105 Screening colonoscopy for high-risk patient (*Pers hx or Fm hx polyps or colon CA, Lynch Syndrome*)
- 45378 Diagnostic colonoscopy
- 43235 EGD

Colonoscopy/EGD common diagnosis codes (Abdominal pain and generic anemia are not covered diagnoses for colonoscopy)

- | | |
|--|--|
| <input type="checkbox"/> Z12.11 Screening colonoscopy | <input type="checkbox"/> R19.5 +Cologuard, +FIT, +Guaiac stool, Occult blood in stool |
| <input type="checkbox"/> Z86.0100 Pers hx colon polyps-unspecified | <input type="checkbox"/> K92.1 Melena |
| <input type="checkbox"/> Z86.0101 Pers hx colon polyps-adenomatous | <input type="checkbox"/> K62.5 Rectal bleeding |
| <input type="checkbox"/> Z86.0102 Pers hx colon polyps-hyperplastic | <input type="checkbox"/> R19.4 Change in bowel habits |
| <input type="checkbox"/> Z85.038 Pers hx colon cancer | <input type="checkbox"/> R19.7 Diarrhea |
| <input type="checkbox"/> Z85.048 Pers hx rectal cancer | <input type="checkbox"/> D50.9 IRON DEFICIENCY anemia |
| <input type="checkbox"/> Z80.0 Fm hx colon cancer | <input type="checkbox"/> Z15.09 Lynch Syndrome |
| <input type="checkbox"/> Z83.719 Fm hx colon polyps | <input type="checkbox"/> Other _____ |

General Surgery

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