

MBS Imaging, LLC

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MBSS/ DYSPHAGIA CONSULT REQUEST FORM

Patient Name: _____ M or F

DOB: _____ Age: _____ Ordering Physician Name: _____

Facility: _____ Patient Hall/ Room Number: _____

Facility or Rehab Phone: _____

Facility or Rehab Fax: _____

SLP or Nurse Contact Number or Cell Phone: _____

REASON FOR MBSS/ DYSPHAGIA CONSULT: (Check all that apply)

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> s/s Aspiration | <input type="checkbox"/> change in P/O function | <input type="checkbox"/> diet upgrade | <input type="checkbox"/> least restrictive diet |
| <input type="checkbox"/> pleasure feed | <input type="checkbox"/> choking | <input type="checkbox"/> cough | <input type="checkbox"/> distress |
| <input type="checkbox"/> runny nose | <input type="checkbox"/> wet voice | <input type="checkbox"/> low weight | <input type="checkbox"/> other _____ |

PATIENT CONDITION & DIET

Check all that apply:

- COGNITION:** Good Fair Poor Vent Trach **ALLERGIES:** _____
- DIET STATUS:** Peg NPO Regular Mech Soft Puree Pudding
 Honey Nector Thin Teeth Dentures
- AMBULATORY STATUS:** Walks without assistance Walker Wheelchair
 Geri-Char *** *Please call office for special instructions. MBSS study will be limited due to chair positioning.*

Other Pertinent information: _____

MBSS DIAGNOSIS CODES

PRIMARY DIAGNOSES:

- 507.00 Pneumonitis (due to solids/ liquids) 438.82 Dysphagia Cerebrovascular disease (CVA)

ICD 9 Codes Below require a secondary diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> 787.20 Dysphagia, unspecified difficulty in swallowing NOS | <input type="checkbox"/> 787.21 Dysphagia, oral phase |
| <input type="checkbox"/> 787.22 Dysphagia, oropharyngeal phase | <input type="checkbox"/> 787.23 Dysphagia, pharyngeal phase |
| <input type="checkbox"/> 787.24 Dysphagia, pharyngoesophageal phase | <input type="checkbox"/> 787.29 Other dysphagia, |

SECONDARY DIAGNOSIS:

- | | |
|--|---|
| <input type="checkbox"/> Dyskinesia of esophagus | <input type="checkbox"/> Motor Neuron Disease |
| <input type="checkbox"/> Diverticulum of Esophagus, acquired | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Esophageal Reflux | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Eosinophilic Esophagitis | <input type="checkbox"/> Other specified infantile cerebral palsy |
| <input type="checkbox"/> Feeding difficulties & mismanagement | <input type="checkbox"/> Paralysis of vocal cords or larynx |
| <input type="checkbox"/> Hereditary Progressive Muscular Dystrophy | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Malignancies of Head, Face & Neck | <input type="checkbox"/> Stricture & Stenosis of Esophagus |
| <input type="checkbox"/> Malignancies of Esophagus | <input type="checkbox"/> Systemic Sclerosis |
| | <input type="checkbox"/> Other _____ |

BILLING PAY TYPE

- Part A Covered Stay (SNF)
 Medicare Part B (speech therapy bill)
 Medicaid Only
 HMO/ Managed Care
 Private Insurance
 VA Contract
 Cash Pay _____