

¹³C-Spirulina GEBT Test Request Form

Account Name:	GEBT Kit Lot Number	Barcode Label Here
Physician Name:		
Administered By:		

STEP 1 OF 5 : PATIENT INFORMATION

Patient ID:	Date of Birth: / /
Patient Name:	Phone:
Address:	
City:	State: Zip:
<p>I hereby authorize Cairn Diagnostics to furnish my designated health plan or third party administrator the information on this form and other information provided by my health care provider if necessary for reimbursement. I also authorize all benefits of the plan to be payable to Cairn Diagnostics. I understand that I am responsible for any amount not paid by my plan for reasons including, but not limited to, non-covered or non-authorized tests.</p>	
Patient Signature:	Date:

STEP 2 OF 5 : BREATH SAMPLE RECORDINGS

PATIENT DETAILS (Required to calculate results)		BREATH SAMPLE COLLECTION	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Sample Collection	
Height: <input type="checkbox"/> in <input type="checkbox"/> cm		PRE-MEAL (Collect prior to test meal administration)	
Weight: <input type="checkbox"/> lbs <input type="checkbox"/> Kg		Pre-meal Sample Time: #1	
Is patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-meal Sample Time: #2	
Comments:	TEST MEAL (10 minutes allowed for meal consumption)		
	Test Meal Time: START		
	Test Meal Time: END		
	NOTE: Reset timer to 0 at the end of meal ingestion		
	POST-MEAL SAMPLE TIME	Planned Collection Time	Actual Collection Time
<p>Copy both sides of this form for your records and return the original along with the breath samples to Cairn's Clinical Lab for analysis:</p> <p>Attn: Clinical Lab Director CAIRN Diagnostics 105 Westpark Drive, Suite 150 Brentwood, TN 37027, USA</p>	45 minutes		
	90 minutes		
	120 minutes		
	150 minutes		
	180 minutes		
	240 minutes		

STEP 3 OF 5 : PHYSICIAN SIGNATURE (Please have physician sign below and enter information on the other side of this form.)

My signature on this order attests to the medical necessity of use of the Gastric Emptying Breath Test (GEBT) to diagnose gastroparesis. This patient has symptoms consistent with gastroparesis. Evaluation by GEBT is needed to determine effective medical management and treatment for this patient.

STEP 4 OF 5 : INSURANCE INFORMATION

Relationship to insured:

Bill insurance - attach a copy (front and back) of insurance card

Name of insured:

Member ID:

Insurance Company:

Bill patient

STEP 5 OF 5 : INSURANCE CODING

Please write in the most appropriate ICD-10 code(s). Examples of commonly used codes are provided below.

INSURANCE CODING REFERENCE GUIDE

ICD 9	ICD 10				DESCRIPTION
789.00	R10.9				Other symptoms involving abdomen and pelvis: Abdominal pain, unspecified site
536.3	K31.84				Disorders of function of stomach: Gastroparesis
787.01	R11.2				Symptoms involving digestive system: Nausea with vomiting
530.81	K21.9				Diseases of esophagus: Esophageal reflux
787.02	R11.0				Symptoms involving digestive system: Nausea alone
536.8	K30				Disorders of function of stomach: Dyspepsia and other specified disorders of function of stomach (Achyilia gastrica; Hourglass contraction of stomach; Hyperacidity; Hyperchlorhydria; Hypochlorhydria; Indigestion; Tachygastria)
789.06	R10.13				Other symptoms involving abdomen and pelvis: Abdominal pain, epigastric
787.03	R11.10	R11.11	R11.12		Symptoms involving digestive system: Vomiting alone
787.3	R14.0	R14.1	R14.2	R14.3	Symptoms involving digestive system: Flatulence, eructation, and gas pain (bloating)
780.94	R68.81				General symptoms: Early satiety
787.20	R13.0	R13.10			Dysphagia, unspecified
783.21	R63.4				Loss of weight
789.07	R10.84				Abdominal pain, generalized
250.00	E11.9				Diabetes mellitus, Type II
789.01	R10.11				Abdominal Pain, right upper quadrant
789.09	R10.10	R10.2	R10.30		Abdominal pain, other specified site
564.00	K59.00				Constipation, unspecified
787.91	K52.2	K52.89	R19.7		Diarrhea
535.50	K29.70	K29.90			Unspecified gastritis & gastroduodenitis, w/o mention of hemorrhage
553.3	K44.9				Diaphragmatic hernia w/o mention of obstruction of gangrene
250.60	E11.40				Diabetes with neurological manifestations, Type II
530.11	K21.0				Reflux esophagitis
787.1	R12				Heartburn
789.02	R10.12				Abdominal pain, left upper quadrant
793.4	R93.3				Non specific findings on radiological & other exam of gastrointestinal tract
935.2	T18.2				Foreign body in stomach