

Scheduling Procedure for Modified Barium Swallow Study



Consultants in Dysphagia Diagnosis and Management
To schedule with us: **ONLY 2 PAPERS REQUIRED**

Call us at 1-866-675-6277 or 281-272-6277

Fax the following information to 1-877-676-6277 or 281-272-6281:

1. Copy of your facility face sheet for the patient
2. Copy of insurance and/or Medicare/Medicaid cards (if no face sheet is included)
3. Completed Professional Imaging, LLC **INTAKE/ORDER/AUTH COMBINATION FORM**
4. Preauthorization number for any Private insurance/HMO before scheduling the day and time. *Professional Imaging, LLC is not responsible for obtaining preauthorization numbers, as we do not have access to the patient's medical records and they are not under the care of Professional Imaging, LLC.*

******FACE SHEET AND PROFESSIONAL IMAGING INTAKE/ORDER/AUTH FORM NEED TO BE FAXED TO PROFESSIONAL IMAGING TO SCHEDULE STUDY (2 PAPERS REQUIRED ONLY)**

Thank you for your assistance. The above items will help expedite the service and get your request scheduled within 24 to 48 hours. We look forward to working with you in providing the best dysphagia care possible. If you have any questions about any of the above information please call us:

281-272-MBSS or 1-866-675-MBSS

www.mbssonline.com



Consultants in Dysphagia Diagnosis and Management

FAX #: 1-877-676-6277 OR 281-272-6281

Phone: 1-866-675-6277

**FAX IN THIS FORM WITH FACE SHEET TO SCHEDULE STUDY
FILE IN CHART FOR PHYSICIAN REVIEW**

INTAKE

Form Completed By: _____

Facility Phone #: _____

Facility Speech Path: _____

Contact Cell #: _____

Date: _____

Email Address: _____

_____ VHS Tape _____ DVD

Please CIRCLE One:

Medicare A

Medicare B

Medicaid

Other _____

Preauthorization # _____

Patient Name: _____ DOB: _____ Age: _____

Facility: _____ City: _____

Referring Physician: _____ *(Please print first and last name)*

Reason for Consult: s/s of dysphagia: ___ Coughing ___ Choking ___ difficulty swallowing

___ weight loss ___ pneumonia ___ respiratory Distress ___ wet/gurgly phonation ___ pocketing ___ diet upgrade

___ pre-treatment diagnostic evaluation of swallow, high risk diagnosis

Does pt have PEG? ___ Yes ___ No Duration of dysphagia symptoms: ___ days ___ weeks ___ months ___ years

Pertinent Medical History/Diagnosis (check those that apply)

___ CVA ___ Parkinson's Dz ___ Alzheimer's ___ Dementia ___ CHF ___ COPD ___ Pneumonia _____ Other

What tx is being used? ___ Oral motor ___ estim ___ thermal stim ___ pharyngeal exercises ___ none yet

Dentition: ___ natural ___ partials ___ dentures ___ endentulous

Current Diet: ___ Regular ___ Mech Soft ___ Pureed ___ NPO **Liquids:** ___ regular ___ nectar ___ honey ___ pudding

Cognitive Status: _____ Communicates _____ Follows one step commands

ORDER

Upon faxing this document to Professional Imaging, it is indicated that the facility has obtained a request from the referring physician listed above for a dysphagia consultation including the MBSS. This request is in the patient's medical record for signature by the physician.

AUTHORIZATION

Verbal consent from patient or legal guardian for this procedure. Please document in medical chart and sign below:

Date received: _____

Consent received from: _____

Staff Signature: _____



Consultants in Dysphagia Diagnosis and Management

DYSPHAGIA SCREENING TOOL

PATIENT: _____ **DATE:** _____

CURRENT DIET: _____

DIAGNOSIS: _____

- COUGHING/CHOKING AT MEALS**
- WATERY EYES/RUNNY NOSE**
- INCREASED CONGESTION, ESPECIALLY AT MEALS**
- TEMPERATURE SPIKES AROUND MEALS**
- COMPLAINT OF DIFFICULTY SWALLOWING**
- LOSS OF APPETITE/SIGNIFICANT WEIGHTLOSS**
- HOLDING FOOD IN MOUTH**
- PAIN WHEN SWALLOWING**
- REFUSAL OF PARTICULAR FOODS OR ALL FOODS**
- IMPROVEMENT NOT YET, ASSESS FOR DIET UPGRADE**
- ALTERED DIET, NO DOCUMENTATION**
- PEG PLACEMENT, NO ASSESSMENT FOR SWALLOW FUNCTION**
- NO INDICATIONS OF SWALLOW DIFFICULTIES AT THIS TIME**

PROFESSIONAL IMAGING, LLC

*** MISSION STATEMENT ***

THE MISSION OF PROFESSIONAL IMAGING LLC IS TO PROVIDE QUALITY PATIENT CARE IN ORDER TO ALLEVIATE PAIN AND SUFFERING AND HELP PATIENTS ACHIEVE A BETTER QUALITY OF LIFE. IN DOING SO THE ORGANIZATION FOSTERS A PERSPECTIVE IN PUBLIC HEALTH THAT RECOGNIZES THE NEEDS OF THE PATIENT AS THE MOST IMPORTANT ELEMENT OF DAILY OPERATIONS. PROFESSIONAL IMAGING IS GRATEFUL TO TAKE THE RESOURCES AT HAND AND HELP ANOTHER INDIVIDUAL AND TO GIVE COMFORT TO FAMILY OR FRIENDS REGARDING THERE LOVED ONES IRREGARDLESS OF THEIR PAYOR SOUCE OR STATION IN LIFE.