***\*\*INSERT REFERRING HOSPTIAL HEADER HERE\*\****

Date:

TO:

ATTN:

RE:

DOB:

Insurance:

Policy/ID #:

Insurance Phone #:

Dear/To Whom It May Concern:

Patient Name is a patient who suffers from short bowel syndrome/intestinal failure secondary to insert cause of SBS here. He/she has been left with number of centimeters of small intestine which is/is not anastomosed to his/her colon. Patient name has number of centimeters of colon remaining. Children with short bowel syndrome are, typically, unable to absorb enough nutrient or fluid from their intestinal tract and are dependent upon intravenous support from total parenteral nutrition (TPN). These patients are at risk for blood infections from their central venous catheters, dehydration, malnutrition, altered growth and development, renal failure and TPN associated liver disease. When a child has life-threatening complications associated with this disease process, transplantation is indicated.

Our team feels that Patient Name is in need of a comprehensive intestinal failure evaluation at Nebraska Medicine in Omaha, NE. This evaluation will include consultations by both our intestinal rehabilitation and transplantation programs to offer a holistic plan for your patient. He/she has been exhibiting worsening complications related to their short bowel syndrome/intestinal failure and we feel that it is the appropriate time to make the referral. There is currently no medical facility or program in our state which offers these services for patients of this acuity. Please review the attached history and physical along with other supportive documentation. If you or your organizations needs any further information regarding the case of Patient Name or the programs offered at Nebraska Medicine, please do not hesitate to call either one of us. For more information on Nebraska Medicine, please follow this link to their website: <https://www.nebraskamed.com/intestinal-failure>. We have also enclosed a list of codes as well as contact information for your convenience. Thank you for your cooperation in the care of our patient.

Sincerely,

***\*\*Insert MD signature***

***\*\*Insert MD Signature Plate***

**Contact Information**

Referring Facility Name:

 Referring Provider

 Contact Names:

 Phone/Fax Number:

 Address:

 Receiving Facility Name: Nebraska Medicine

 Accepting Provider Dr. David F. Mercer

 Contact Names: Brandi, RN/Sarah, RN/Jaime RN

 Phone/Fax Number: 402-559-5000/402-559-9125

 Billing Address: 600 S. 42nd Street

 (I*nsurance Forms*) Omaha, NE 68198

 Mailing Address: 601 S. Saddlecreek Road

 (*Patient Records*) Omaha, NE 68106-3285

**Codes/ID Numbers**

 **Nebraska Medicine NPI# 1356307581 UNMC NPI # 1417912114**

Diagnosis Codes:

 Intestinal Failure/Short Bowel Syndrome: K91.2

 Intestinal Transplant: Z94.82

 Liver Transplant: Z94.4

Possible Procedure Codes Needed During or After Evaluation:

Intestinal Rehabilitation: 99214/99201 UGI/SBS: 74249

Transplantation: 44135/48554/47135 Bone Age: 77072

Clinic Appointment: 99215/97802 Barium Enema: 74270

Out of State Auth: 20999 Bowel Path: 88305

EGD/Colonoscopy: 00812/43239/45331/88305 DEXA scan: 77080/77082

Central Line Removal: 36589/77001/A4550, 1 Lab Codes: 82525/84590/87910

Central Line Placement: 36558/76937/77001/A4550, 1 85584/846630/86665

Central Line Exchange: 77001/36581/A4550, 1 82617/82306/86664

Venogram: 75822/36005x2/A4550, 1 84446/84150/84255

Gastric Emptying: 89541/78264 84478/82136/82379

Abd. Ultrasound: 76700 83735/85053/82542

Doppler Venous: 93970 82728/83540/83550

 STEP: 44799 8/522/86701/86702

 Ostomy Takedown: 44625/44625/44340 Fistula Repair: 44640