REQUEST FOR AUTHORIZATION OF REFERRAL TO GI FOR THE TREATMENT OF CONSTIPATION OR REFLUX

Please complete this form and the standard referral form, attach supporting clinical documentation, and FAX to CPMG CUSTOMER SERVICE at (858) 309-7977. CPMG cannot appropriately review your request without this information.

Name of referring Provider: _____ **Referring Provider phone #**_____

Member Name: _____ **Member ID#:** _____ **DOB:** _____ **Age**_____

Please check ALL that apply:

CONSTIPATION

- ☐ delayed or difficult defecation for >2 weeks
- ☐ recurrent fever
- ☐ vomiting
- ☐ bloody diarrhea
- ☐ FTT
- ☐ anal/rectal anomalies – tightness on rectal exam
- ☐ delayed passage of mec (>48 hrs)
- ☐ spinal abnormalities
- ☐ hypotonia
- ☐ absence of anal wink
- ☐ fecal impaction

Attempted the following (please check all that apply):

- ☐ increased fluid (maintain fluid for weight plus 10-20% of clear fluids and/or diluted fruit juice.
- ☐ recommended prune juice – 2-4 oz. per day
- ☐ assured dairy intake is not above or below RDA minimum requirements

Prescribed:

- ☐ Glycerine suppository
- ☐ Lactulose
- ☐ Senekot

Was treatment effective? ☐ Yes ☐ No

REFLUX

- ☐ recurrent vomiting
- ☐ bilious vomiting
- ☐ GI bleeding: hematemesis, hematochezia
- ☐ repetitive forceful vomiting
- ☐ FTT
- ☐ persistent fever
- ☐ lethargy
- ☐ hepatosplenomegaly
- ☐ bulging fontanelle
- ☐ macro/microcephaly
- ☐ seizures
- ☐ abdominal tenderness or distention
- ☐ heart failure

Possible complicated GER:

- ☐ anemia
- ☐ poor weight gain
- ☐ excessive crying
- ☐ irritability
- ☐ disturbed sleep
- ☐ feeding problems
- ☐ respiratory problems

If possible complicated GER:

- ☐ CBC/Electrolytes/BUN
- ☐ Urinalysis/culture
- ☐ Hemoccult stool
- ☐ UGI for anatomy
- ☐ Adequate calories
- ☐ assessed swallowing clinically

If uncomplicated GER:

- ☐ educated parents in reflux precautions & warning signs

If complicated GER:

Tests normal ☐ YES ☐ NO

- ☐ Prevacid
- ☐ H-2 blocker

If heartburn:

- ☐ PPI for six weeks

Was treatment effective? ☐ YES ☐ NO

Please attach completed standard CPMG authorization request form and all relevant clinical information to this form and FAX to CPMG CUSTOMER SERVICE at (858) 309-7977. Failure to submit complete information will delay authorization decision.