

TASTE AND SMELL CENTER

Thank you for your interest in the Taste and Smell Center at UConn Health. You are one of about 2 million adult Americans affected by taste or smell disorders (Please see the “Facts about Taste and Smell”). Unfortunately, most physicians outside of specialized taste and smell centers are not well acquainted with problems such as yours. Our Taste and Smell Center (the Connecticut Chemosensory Clinical Research Center), established in 1981 with funds from the National Institutes of Health, is one of about five such taste and smell research centers in the country.

Our Taste and Smell Center uses a multidisciplinary approach to determine the etiology of a patient’s taste and smell disorder. The team includes Charlie Lin (Nurse Practitioner), Dr. William Thramann (Internist), and Dr. Denis Lafreniere (Otolaryngologist). A complete evaluation for a typical patient may include: smell testing, taste testing, general medical evaluation, ear, nose, and throat evaluation including flexible nasopharyngoscopy. Evaluations may also include, as necessary: full laboratory diagnostic services, tests of oral sensitivity, stimulated salivary flow testing, allergy evaluation, oral diagnostic evaluation, CT and/or MRI scans, salivary gland biopsy, occupational medicine evaluation, and neuropsychological evaluation. Treatment is offered when appropriate.

If you wish to become a patient at the Taste and Smell Center, filling out and returning the Registration Questionnaire is the first step. There are a number of personal questions that are important in helping us understand your taste and smell problem and your answers to these questions will remain strictly confidential. **Please mail completed form to: UConn Health, Department of Otolaryngology, 263 Farmington Avenue, Farmington, CT 06032-8060.** Once we have received your completed questionnaire, we will contact you to arrange an appointment. If you have any questions, please call the Department of Otolaryngology at 860-679-2804, and we will be happy to help you.

FACTS ABOUT TASTE AND SMELL

What Are The Chemical Senses?

The chemical senses include taste and smell. The perception of a smell occurs when substances in the air pass through the nose and stimulate the olfactory (smell) nerve. The experience of taste, or gustation, occurs when the taste buds in your mouth respond to substances dissolved in saliva. The four basic tastes are salty, sweet, sour and bitter.

What Are Some Of The Disorders Of Taste And Smell?

Anosmia - total loss of smell

Hyposmia - partial loss of smell

Parosmia - perceiving a smell when no odor is present or perceiving familiar odors as smelling strange

Hypogeusia - a diminished sense of taste

Dysgeusia - a persistent taste, usually unpleasant

What Are The Causes Of Taste And Smell Disorders?

Losses or distortions of taste and smell have many causes such as nasal disease, upper respiratory infections, head injury, neurological disorders, or dental problems. There are some people who have had no sense of smell since birth.

Are Taste And Smell Related?

Taste and smell are two separate senses. However, both contribute to the experience of flavor.

What Is Flavor?

Flavor is what people commonly call the "taste" of food. It is actually a combination of smell, taste, temperature and texture. Much of the flavor of food comes from smell, so that when you are unable to smell you have lost much of your ability to experience flavor.

What Can Be Done To Improve The Flavor Of Food?

Eating can be more enjoyable when the other aspects of flavor, such as texture, temperature, and spiciness are emphasized. Texture can be enhanced by adding crunchy foods (nuts, croutons, water chestnuts) to your meals. Combining cold and hot temperatures in the same dish (sour cream on a baked potato), as well as trying hot and spicy foods may help to make food less bland. Keep in mind that a pleasant atmosphere and attractively prepared meals can also help to make food less bland.

What Other Suggestions Are There For People With A Taste/Smell Loss?

We would strongly recommend that you equip your home with smoke detectors. Those individuals potentially exposed to gas leaks should consider purchasing a gas detector. Your gas company should be able to supply you with information regarding gas detectors. In order to guard against eating food you suspect may be spoiled, ask someone else to smell it. If that is impossible, pay particular attention to the dates stamped on most perishable foods and do not consume them after that date.

Clinic Information

Before you make a decision to be scheduled for an appointment, we would like you to know a little bit about the operation and cost of the Taste and Smell Center's Clinic.

A Taste and Smell Clinic evaluation consists of a 2 day visit. Testing is performed on one day, separate from the consultation. This will take one-two hours and establish the severity and type of smell and/or taste complaint. Another exam and consultation is performed on a Friday morning and will take approximately 3 to 4 hours. This clinic visit consists of an internal medicine examination and may involve some blood work, an allergy evaluation and an ENT (ear, nose and throat) examination. The ENT portion of your evaluation is performed by a team of physicians under the direction of Dr. Denis Lafreniere. At the end of all of your scheduled examinations, you will meet with the internal medicine specialist who will discuss the preliminary findings of your clinic visit. Your clinic visit is usually concluded by 12:00 p.m. After your clinic visit, your case will be evaluated and summarized by the internist who saw you. You will receive a summary letter, and possible treatment options.

A billing procedure and CPT coding schedule, which contains information on the CPT coding for each examination and UConn Health's billing procedures, has been enclosed. **We strongly urge you to contact your health insurance company to find out what exams/services they will cover. You also need to call your primary care physician and obtain referrals for *each* of the two physicians as needed per your insurance requirements. Your referring physician *may* have to do a prior authorization or pre-determination for these procedure codes. It is your responsibility to make sure that your referring provider does this. If this is not done before your appointment, we may have to reschedule.** At your first appointment you will receive a waiver to sign assuming responsibility to pay any outstanding fees your insurance plan may not cover.

If this is litigation, you will be required to set up payment prior to services rendered. If payment is not set up for the litigation, you will be required to pay in full at the time of service. Without payment, you will not be seen. We do not accept letters of protection. If this is a Workman's Compensation case, you will have to provide your Workman's Compensation letter at the time of service. If you cannot provide the Workman's Compensation letter, you will be required to pay in full at the time of service. Without payment, you will not be seen.

UConn Health
Taste and Smell Center
Department of Otolaryngology

BILLING PROCEDURE AND CPT CODING SCHEDULE

There are two separate billing departments at the University of CT Health Center. The first is University Physicians Billing. This department is responsible for handling all the charges from the examinations and procedures performed by physicians within the University Physicians Group. All physicians associated with the Taste and Smell Center are part of the "University Physicians Group". The second billing department is "John Dempsey Hospital Billing". This billing department handles any hospital charges (blood work, radiological procedures, pathological studies, etc.) incurred as part of your evaluation.

1. Services billed through University Physicians:

The following is a list of all of the services performed by the providers associated with the Taste and Smell Center. You most likely will not be billed for all of the services listed. ***You should, however, check with your insurance company prior to arranging a clinic appointment to determine which of the following services are covered and the amount your insurance company will pay for each service.*** A representative from University Physicians Billing is available to answer any specific questions regarding University Physicians' billing policies and can be reached at (860) 679-2689.

Exam / Procedure	Physician / Provider	CPT Code
Comprehensive History &	Dr. William Thramann	99205
Ear, Nose & Throat Exam [✓]	Dr. Denis Lafreniere	99243
-Fiberoptic Nasopharyngoscopy [✓]		31231
Taste and Smell Testing		
- Initial Visit [✓]	Charlie Lin, NP-C	92700
Review and Summary [✓]	Dr. William Thramann	92700
Medical Testimony	Dr. William Thramann Dr. Denis Lafreniere	92700
Special Report	Dr. William Thramann	99080

[✓]Typically performed on all patients. Other charges may apply but are based on individual.

2. Services billed through John Dempsey Hospital:

As mentioned earlier, all lab and radiographic procedures are billed through John Dempsey Hospital. We may request supplemental radiographic procedures to aid in the diagnosis of your problem. These are not done for each patient, but may include sinus or brain CT scans, sinus or brain MRI's. If you have had any of these tests done, please bring the films with you. If you have insurance coverage, you should consult with your insurance company to determine what tests/procedures will be covered. A representative from John Dempsey Billing is available to answer any questions regarding their billing policies at 860-679-2795.

Insurance agreements made with Taste and Smell do not necessarily apply to referrals outside the Taste and Smell Clinic.



UConn Health
 Farmington, CT 06030
 UConn Medical Group
 Taste and Smell Center

Registration Questionnaire

Name: _____ Mr.
 Ms. Mrs. Dr. Last First Middle

Home Address: _____

E-Mail: _____

(____) _____ (____) _____ (____) _____
HOME PHONE NUMBER WITH AREA CODE WORK PHONE NUMBER WITH AREA CODE CELLULAR PHONE NUMBER WITH AREA CODE

Insurance: Medicaid Medicare Other _____ Occupation: _____

Race: American Indian Asian Black Hawaiian White Other (specify) _____

Ethnicity: Hispanic Not Hispanic Sex: male female Date of Birth: _____

Please respond to the following statements or questions. Where indicated, please check all answers that apply to you.

1. Describe your sense of smell: normal, decreased, absent, increased, distorted

If you have a smell problem, when did it begin? _____

Does your sense of smell ever return? No Yes

If yes, can you relate the improvement to anything? No Yes

If yes, please explain: _____

2. Have you ever been bothered by a persistent odor? never, sometimes, often

If you have a persistent odor, when did begin? _____

Please describe the odor: _____

3. Do you relate your smell problem to any of the following?

- nasal disease/sinus problems toxic exposure
- allergies head injury
- dental problems a cold or flu
- other (please specify) _____

4. Describe your sense of taste: normal, decreased, absent, increased, distorted If you have a taste problem, when did it begin? _____

Compared to before your taste problem began, describe the following:

Salt tastes are: normal, decreased, absent, increased, distorted

Sweet tastes are: normal, decreased, absent, increased, distorted

Sour tastes are: normal, decreased, absent, increased, distorted

Bitter tastes are: normal, decreased, absent, increased, distorted

5. Do you have a persistent taste when not eating or drinking? never, sometimes, often

If you have a persistent taste, when did it begin? _____

Please describe the taste: _____



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Registration Questionnaire

6. Do you relate your taste problem to any of the following?

- nasal disease/sinus problems toxic exposure
- allergies head injury
- dental problems a cold or flu
- other (please specify) _____

7. Do you have any burning of your tongue or mouth? No Yes

If yes, when did this start? _____

Can you relate it to anything? _____

8. Please list all the medications you were taking when your taste or smell problem began, plus any medications taken and discontinued during the year before your problem began.

Please list your **current medications**, prescription and non-prescription.

9. Please indicate if you have ever had any of the following:

- frequent headaches hearing loss multiple sclerosis brain surgery
- head or facial surgery stroke Bell's palsy diabetes
- ear surgery seizures Parkinson's disease thyroid disease
- oral surgery other neurological problems _____
(please specify)

10. Have you ever smoked? No Yes Do you currently smoke? No, Yes

How many years? _____ How many packs per day? _____

11. Please list the **FULL** names, phone numbers and addresses of your doctors:

Referring Physician (Name of physician requesting you to attend clinic, or if there is none, please write "Self".)

Ear, Nose, Throat Physician:

Neurologist:

Primary Care Physician:

Dentist:

Other:

(Signature of person completing form)

(Date)

**Mail completed form to: UConn Health, Department of Otolaryngology, 263 Farmington Avenue
 Farmington, CT 06032-8060**