

MRN: _____
Patient Name: _____

(Patient Label)

**GI MOTILITY & CAPSULE ENDOSCOPY
NON-ENDOSCOPIC PROCEDURES REFERRAL FORM**

100 UCLA Medical Plaza, Suite 205, Los Angeles, CA 90095
P (310) 825-7540 F (310) 825-5176

SECTION 1 Patient Information (Consult required for pediatric GI patients – call 310-825-0867)

Name _____
Date of Birth (mm-dd-year) _____ Gender Male Female
UCLA ID (optional) _____ Preferred Phone Number _____
Street Address _____ Apt# _____
City _____ State _____ Zip Code _____
Insurance company _____ ID # _____ PPO HMO (auth #) _____

SECTION 2 Procedure / Consult Request

➤➤➤Diagnosis _____ ICD-10 _____ Consult request: Preferred physician (optional): _____

NON-ENDOSCOPIC PROCEDURES

Priority Routine Urgent (10 business days)

Anorectal Procedures

Anorectal manometry (91122, 91120)
 Anorectal biofeedback - 3 sessions (90912, 90913)
Note: A mini-anorectal manometry is performed at the beginning of session #1 to determine if the patient should undergo sensory training, expulsion training, or strength training. Sensory issues must be addressed first in patients with both dyssynergia and sensory issues. Patients with 1st sensation volume > 180 mL are not eligible for biofeedback.
These patients are not eligible for biofeedback:
Younger than 8 years, known anal strictures or obstructions preventing insertion of the instrument, rectal prolapse, anal pain, spinal cord injury, severe internal anal sphincter injuries resulting in absence of resting anal canal pressure, dementia, developmental disability, uncontrolled psychotic disorder, visual impairment, pregnant
Patient must be able to prepare for appointment independently or with the help of a friend or family member. Preparation includes using 2 saline enemas at least 2 hours prior to appointment. Enemas are not administered at the appointment.

**Wire-based intraesophageal pH testing
(Initial esophageal manometry required)**

24-hr pH OFF acid suppression (91034)
 24-hr pH ON acid suppression (91034)
 48-hr pH OFF acid suppression (91034)
 48-hr pH ON acid suppression (91034)
 24-hr pH-impedance OFF acid suppression (91038)
 24-hr pH-impedance ON acid suppression (91038)

Capsule endoscopy (91110)

→Does the patient any of the following?
H/o bowel obstruction or intestinal surgery? Yes No
Pacemaker or defibrillator? Yes No
Is the patient pregnant? Yes No

Gastric Testing

Sham feed study - Vagotomy (83519)

Esophageal Manometry

Impedance esophageal manometry (91010, 91037)
 Impedance esophageal manometry with food (91010, 91037)
 Esophageal manometry (91010)
 Esophageal manometry with food (91010)

SUBMIT THE REFERRAL:

- Fax the following to (310) 825-5176:
- Completed referral form
 - Face sheet/demographics
 - History & physical (including allergy and medication list)
 - Last progress note/rationale for selected procedures
 - Diagnostic reports (cardiac reports, labs)

If any of the requested information is missing or incomplete, it may delay scheduling.

SECTION 3 Referred by

Physician (print name) _____ Specialty _____
Referring physician signature: _____ Date: _____ Time: _____
Phone Number _____ Fax Number _____ Clinic contact person: _____