UCLA Health

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)

Esophageal Procedures

☐ Impedance esophageal manometry (91010, 91037)

Wire-based Intraesophageal pH Testing
(Initial esophageal manometry required)

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

Gastric Testing

☐ Sham feed study - Vagotomy (83519)

☐ **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

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.

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: _____