

**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

MRN:  
Patient Name:

(Patient Label)

**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 (91125)

☐ 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: \_\_\_\_\_