

Ph: 802-847-4600 / Fax: 802-847-2533

CARDIOLOGY NON-INVASIVE ORDER FORM

Authorization/Referral #:		Research Study #:	
All Medicare patients should have medical necessity checked		Diagnosis is covered: ABN NOT REQUIRED	Diagnosis is NOT covered: ABN ATTACHED
Prior Authorization/Reference #:		Exp. Date of Authorization	
Indication(s) for Test(s): Diagnosis, Signs, Symptoms. "Rule Out", "Check" or "Evaluate" statements and Abbreviations are NOT allowed. In Addition, please send patient's recent history			
Testing Procedure codes on back.		ICD10 (Required):	
Interpreting Groups: <input type="checkbox"/> UVMMG CARD-VT <input type="checkbox"/> UVMMG CARD-NY <input type="checkbox"/> CVCA <input type="checkbox"/> PEDIATRIC CARDIOLOGY			
ECHO		STRESS/STRESS ECHO/NUCLEAR	
<input type="checkbox"/> Echo, complete, transthoracic <input type="checkbox"/> Limited or Follow-up Echo to assess _____ <input type="checkbox"/> TEE <input type="checkbox"/> Include bubble study in Echo/TEE All Echo studies include "with Color Flow and Doppler" if clinically indicated. <input type="checkbox"/> Check here if you do NOT want Color Flow and Doppler. The findings of Stenosis and Regurgitation are subject to 3D imaging. <input type="checkbox"/> Check here if you wish to decline 3D imaging		Complete for all stress patients Height: _____ Weight: _____ BMI: _____ Wheelchair bound <input type="checkbox"/> Yes <input type="checkbox"/> No Home O2 <input type="checkbox"/> Yes <input type="checkbox"/> No Difficult blood draw/IV stick <input type="checkbox"/> Yes <input type="checkbox"/> No History of CAD <input type="checkbox"/> Yes <input type="checkbox"/> No In case of unexpected abnormal test result I request that this patient have a consultation with cardiology <input type="checkbox"/> Yes <input type="checkbox"/> No	
Echocardiography Contrast Echo contrast will be used for suboptimal images. Physician has reviewed patient history and deemed patient as an approved candidate for contrast. Perflutren Lipid Contrast; 1.3 mL, diluted in Normal Saline, via IV push or Optison (Perflutren Protein-Type A Microspheres); 3 mL, via IV push as needed for optimal imaging. <input type="checkbox"/> Check here if you do NOT want contrast used.		<input type="checkbox"/> Exercise Stress Test - non-imaging <input type="checkbox"/> Exercise Stress Test with VO2 max (Cardiac Rehab Only) <input type="checkbox"/> Stress Echo - DO NOT order if patient has LBBB. It is recommended patient have a pharmacological nuclear test <input type="checkbox"/> Exercise stress echo (NPO 4 hrs. prior. Hold Beta Blockers for 24 hrs.) <input type="checkbox"/> Dobutamine stress echo	
Holter Monitor <input type="checkbox"/> 24 Hrs. <input type="checkbox"/> 48 Hrs. Pacer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Complete Holter (hook-up/scanning/interp & report) <input type="checkbox"/> Hook-up Only <input type="checkbox"/> Interp & report only Event monitor: <input type="checkbox"/> 30 Day (Cardionet) <input type="checkbox"/> 14 Day (Ext Holter) Pacer <input type="checkbox"/> Yes <input type="checkbox"/> No Do Symptoms occur less frequently than daily and this testing is expected to provide clinical data or information beyond that which has already been obtained or is likely to be obtained from other testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		NUCLEAR STRESS TEST Prior to test: Caffeine free 12 hours; NPO 4 hours <input type="checkbox"/> Exercise Nuclear Stress test (SPECT) <input type="checkbox"/> Pharmacological Nuclear Stress Test Reason patient cannot exercise: _____ <input type="checkbox"/> SPECT <input type="checkbox"/> PET Considered optimal imaging for BMI > 35 and for age > 65	
		<input type="checkbox"/> Myocardial Viability <input type="checkbox"/> SPECT <input type="checkbox"/> PET	

Date: _____ Time: _____

Signature: _____
PRINT NAME & TITLE



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TESTING PROCEDURE CODES

(Note: if a nuclear stress test is ordered - you only need to obtain a PA or referral for the nuclear code. Stress test is included in the nuclear code)

CPT/ procedural code	Code description	Common description
ECHOCARDIOGRAMS		
93303	TRANSTHOR ECHO-CONG CARD ANOM, CMPL	Congenital Echocardiogram -Echocardiogram for congenital heart conditions
93304	LIMITED CONGENITAL ECHO	Limited or Follow up Echocardiogram for congenital heart conditions
93306	ECHO TRANSTHRC R-T 2D & M-MODE COMPL SPEC&COLOR DOP	Complete Echocardiogram with Color Flow and Doppler
93307	TRNSTHRC,W/O DOPP CLRFLW, R-T IMG 2D w/M-MODE REC CMPL	Complete Echocardiogram without Color Flow and Doppler
93308	ECHO TRANSTHORAC REAL-TIME, F/U-LTD	Limited or Follow up Echocardiogram for non-congenital heart conditions
93312	ECHO TRANSESOPH,REAL-TIM,2D IMAG DOC, PROBE PLAC,INTERP&RPT	Transesophageal Echocardiogram (TEE) for non- congenital heart conditions
93315	TRANSESOPH ECHO,CONGEN ABNOMALY,W/PROBE PLC,IMAG ACQUIS,INTRP&RPT	Transesophageal Echocardiogram (TEE) for congenital heart conditions
STRESS ECHOCARDIOGRAMS (uses both codes)		
93350	ECHO HEART XTHORACIC, STRESS/REST	Stress Echocardiogram professional charge
93351	ECHO TRANSTHRC R-T 2D,& M-MODE REST&STRS CONT ECG	Stress Echocardiogram technical charge
ECG/EKG - ELECTROCARDIOGRAMS		
93005	ECG ,12 LEADS, TRACING ONLY	ECG/EKG = Electrocardiogram including interpretation
93010	ECG, INTERPRETATION AND REPORT, ONLY	ECG tracing interpretation ONLY
HOLTER (uses all 3 codes)		
93225	EXTERNAL ECG & 48 HR RECORDING	Holter hook-up
93227	EXTERNAL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	Holter interpretation by MD
EXTENDED HOLTER		
93246	EXT ECG > 7 DAY TO 15 DAY RCRD W/CONECT INTL RCRD	Extended Holter hook up (only if monitor applied by UVMC staff)
93248	EXT ECG > 7 DAY TO 15 DAY REVIEW AND INTERPRETATN	Extended Holter Interpretation if worn for 7-15 days
EVENT MONITOR		
93228	XTRNL MOBILE CV TELEMTRY W/I&REPORT 30 DAYS	Mobile Cardiac Telemetry - Streaming of cardiac rhythm 24/7, collects all cardiac rhythm data
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	Cardiac Event Monitor, collects only patient or auto detected rhythm events.
EXERCISE TOLERANCE TEST (uses all 3 codes)		
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	MD on site for supervision of the test
93017	CARDIAC STRESS TST,TRACING ONLY	ECG tracing
93018	CARDIAC STRESS TST,INTERP/REPT ONLY	MD interp and report
NUCLEAR STRESS TESTING		
78452	NM MYOCARDIAL SPECT MULTIPLE STUDIES	Nuclear SPECT Stress - this would include a stress test either on the treadmill or pharmacologic
78431	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	Nuclear Cardiac PET
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	PET Viability

