

MRN

Name

DOB

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

CARDIOLOGY NON-INVASIVE ORDER FORM

Authorization/Referral (Referring provider needs to obtain authorization):

Research Study#:

Authorization #

Ref #

Date Range:

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 and office notes. Testing Procedure codes on back. **ICD10 (Required):**

Interpreting Groups: ☐ UVMCM ☐ CVMC ☐ PMC ☐ CVPH ☐ ECH ☐ AHC

ECHO

- ☐ Echo, complete, transthoracic
☐ Limited or Follow-up Echo to assess
☐ TEE
☐ **Include** bubble study in Echo/TEE

All Echo studies include "with Color Flow and Doppler", 3D imaging and myocardial strain if clinically indicated.

- ☐ Check here if you do NOT want Color Flow and Doppler. The findings of Stenosis and Regurgitation are subject to Color Flow and Doppler.
☐ Check here if you wish to decline 3D imaging.
☐ Check here to include Myocardial strain. Myocardial strain is indicated for use in cardio-oncology monitoring and cardiomyopathy evaluation

Echocardiography Image Enhancer

If images are suboptimal during the procedure, an echocardiography image enhancer will be used unless declined here. Perflutren Lipid Microsphere, 1.3mL, diluted in normal saline, via IV push will be administered.

- ☐ Check here if you do NOT want authorize Image Enhancer

Holter Monitor ☐ 24 Hours ☐ 48 Hours

☐ Complete Holter (hook-up/scanning/interpret & report)

☐ Hook-up only ☐ Interpretation & Report Only

Event Monitor

☐ 7 day (ext Holter) ☐ 14 day (Ext Holter) ☐ 30 Day

EKG ☐ Yes ☐ No

Pacer ☐ Yes

STRESS/STRESS ECHO/NUCLEAR
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 ☐ Yes ☐ No

- ☐ Exercise Stress Test – non-imaging
☐ Exercise Stress Test with VO2 max (Cardiac Rehab Only)
☐ Stress Echo – DO NOT order if patient has LBBB. It is recommended patient have a pharmacological nuclear test.
☐ Exercise Stress Echo
☐ Dobutamine Stress Echo

(NPO 4 hours prior. Hold beta blockers for 24 hours)

NUCLEAR STRESS TEST
Prior to Test: Caffeine-free 12 hours; NPO 4 hours

- ☐ Exercise Nuclear Stress Test (SPECT) – do NOT order if patient has LBBB or pacemaker. Will need pharmacological SPECT instead.

Pharmacological Nuclear Stress Test

- ☐ SPECT – Reason patient cannot exercise: _____
☐ PET (Considered optimal imaging for BMI >35 and for age >65)
Absolute Myocardial Blood Flow (MBF) will be obtained for all PET studies

- ☐ Calcium Score (ONLY for patients with NO CAD)
☐ Check here if you wish to decline MBF determination

Myocardial Viability ☐ SPECT ☐ PET

SIGNATURE: _____

DATE: _____



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CARDIOLOGY NON-INVASIVE ORDER FORM
TESTING PROCEDURE CODES
(Note: For each test ordered, an authorization # needs to be documented. 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 (PEDI)	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)-OBTAIN Authorization FOR BOTH – (see tip sheet)		
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 2 codes)/ EXTENDED HOLTER		
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
93246	EXT ECG > 7 DAY TO 15 DAY RCRD W/CONECT INTL RCRD	Extended Holter hook up (only if monitor applied by UVMHC 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 TELEMETRY 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 & 78434	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	Nuclear Cardiac PET
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	PET/CT Viabilities
78451		SPECT Viability

