Echo/Vascular Testing Referral Form

MOA

Date of Service	Referring Physician	Referring Physician Phone	Send Report To: Fax:

Patient Name	Sex	DOB	Patient Phone	Preliminary Diagnosis

Address	Apt #	City	State	Zip	SSN

Subscriber Name - Primary		Subscriber Name - Secondary	
Primary Insurance	Type	Secondary Insurance	Type
Contract No.		Contract No.	
Group No.		Group No.	

Echo

Echo

☐ 2-D Echo with Doppler and Colorflow	93306	☐ Angina Pectoris	4139*	☐ Aortic Valve insufficiency or stenosis	4241
		☐ Unstable Angina	4111	☐ Mitral valve insufficiency or prolapse	4240
☐ Stress Echocardiogram	93351	☐ CAD (coronary artery disease)	41400*	☐ Abnormal EKG	79431
	93320	☐ Chest pain, unspecified	78650	☐ Tricuspid valve insufficiency	4242
	93325	☐ Chest pain, precordial	78651	☐ Cardiomegaly	4293
		☐ Congestive Heart failure	4280	☐ Mitral Stenosis	3940
		☐ Primary Cardiomyopathy	4254*	☐ Undiagnosed heart murmur	7852
		☐ Shortness of Breath	78605	☐ Constrictive pericarditis	4232
		☐ Hypertension	40290		
		☐ Left Heart Failure	4281		
		☐ Old MI	412		

Vascular

Venous

☐ Unilateral	93971	☐ Swelling of Limb	72981	☐ Phlebitis and thrombophlebitis (Upper Ext)	45183
Lower Extremity		☐ Chronic Venous Insufficiency	4541	☐ Phlebitis and thrombophlebitis (Lower Ext)	45119*
Upper Extremity		☐ Postphlebetic Syndrome	45910	☐ Localized superficial swelling, mass / lump	7822
☐ Bilateral	93970	☐ Pulmonary Embolism and Infarction	41511		
Lower Extremity		☐ DVT of Lower Extremity Acute	4534		
Upper Extremity		☐ DVT of Lower Extremity Chronic	4535		

Arterial

☐ Lower Extremity	93925	☐ Embolism, thrombosis (lower limb)	44422	☐ Raynaud's Disease	4430
☐ Lower Ext. Unilateral - Limited	93926	☐ Embolism, thrombosis (upper limb)	44421	☐ Stricture of artery	4471
☐ w/ Segmental Pressure	93923	☐ PVD with claudication	44021	☐ Aneurysm of Renal Artery	4421
☐ ABI only	93922	☐ PVD with ischemic rest pain	44022	☐ Thrombosis Abdominal Aorta	4440
☐ Upper Extremity	93930	☐ Dissection of Renal Artery	44323	☐ Abdominal Aneurysm	4414
☐ Upper Ext. Unilateral - Limited	93931				
☐ Thoracic Outlet Syndrome	93923				
☐ Renal Doppler	93975				
☐ Duplex Scan of Aorta	93978				

Cerebral

☐ Carotid duplex with Color Flow	93880	☐ Carotid Artery Stenosis (with CVA)	43391*	☐ Transient Paralysis of Limb	7814
		☐ Aphasia	7843	☐ Lack of coordination	7813
		☐ Disturbance of Skin Sensation	7820	☐ Other speech disturbance (slurred speech)	7820
		☐ Hemiplegia & hemiparesis	34290	☐ Arterial bruit, weak pulse	7859
		☐ Vertigo	3862	☐ Visual Field Defect	36840
		☐ Syncope and collapse	7802	☐ TIA	4359
		☐ Transient Visual Loss	36812	☐ Tinnitus	388.3
☐ Transcranial	93886	☐ Acute, ill defined, Cerebrovascular Disease (seizure CVA)	436*	☐ Occlusion / Stenosis Vertebral Artery	433.2
		☐ TIA	4359*	☐ Occlusion / Stenosis Basilar Artery	433.0

Appointment

Date Time

Please Indicate if Patient has

☐ BCN
☐ HAP
☐ PPO
☐ HMO *(other)*

Reason For Ordering Test / Medical Necessity

Physicians Signature Date

We are committed to protecting patient privacy and abiding by all healthcare regulations including those set forth by HIPAA.