Med-Share Diagnostics

Echo/Vascular Testing Referral Form

eviCore healthcare
MED SOLUTIONS INTELLIGENT COST MANAGEMENT
AIM American Imaging Management
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

Please Circle Specificity

Echo

- ☐ 2-D Echo with Doppler and Colorflow 93306
- ☐ Chest Pain: R07* — Precordial Intercostal Both
- ☐ Congestive Heart Failure: I50.* — Acute Chronic; Systolic Diastolic Both
- ☐ Tricuspid Valve disorders: I36* — Insufficiency Stenosis Both
- ☐ Mitral Valve Disorders: I34* — Insufficiency Stenosis Prolapse
- ☐ Aortic Valve Disorders: I35* — Insufficiency Stenosis Both
- ☐ Primary Cardiomyopathy I42.8
- ☐ Shortness of Breath R06.02
- ☐ Hypertension I11.9
- ☐ Left Heart Failure I50.1
- ☐ Old MI I25.2
- ☐ Palpitations R00.2
- ☐ Dizziness & Giddiness R42
- ☐ Presence of Other Cardiac Implants & Grafts Z95.818
- ☐ Abnormal EKG R94.31
- ☐ Angina Pectoris I20.8
- ☐ Unstable Angina I20.0
- ☐ Cardiomegaly I51.7
- ☐ Constrictive Pericarditis I31.1
- ☐ Atrial Fibrillation I49.8
- ☐ Tachycardia R00.0
- ☐ Benign Cardiac Murmur R01.0
- ☐ Bradychardia R00.1

Vascular

Please Circle Specificity

Venous

- ☐ Unilateral 93971 — Lower Extremity** Upper Extremity**
- ☐ Bilateral 93970 — Lower Extremity** Upper Extremity**

**Cannot perform Upper & Lower on same day.

- ☐ Swelling of Limb: R22* — Right Left B/L Upper Lower
- ☐ Varicose Veins: I83* — Right Left B/L Asymptomatic Pain Ulcer Inflammation
- ☐ Chronic Venus Insuffiency I87.2
- ☐ Phlebitis & Thrombophlebitis: I80* — Right Left B/L; Femoral Iliac Popliteal Tibial
- ☐ Postthrombotic Syndrome: I87* — Right Left B/L; Ulcer Inflammation Asymptomatic
- ☐ DVT: I82* — Right Left B/L; Upper Lower; Acute Chronic
- ☐ Pulminary Embolism I27.82
- ☐ Pain In Limb(s): M79.6* Specify:

Arterial

- ☐ Lower Extremity Bilateral 93925
- ☐ Lower Ext. Unilateral - Limited 93926
  - ☐ w/ Segmental Pressure 93923
  - ☐ ABI only 93922
- ☐ Upper Extremity Bilateral 93930
- ☐ Upper Ext. Unilateral - Limited 93931
- ☐ Thoracic Outlet Syndrome 93923
- ☐ Renal Doppler 93975
- ☐ Duplex Scan of Aorta (Diagnostic) 93978
- ☐ Duplex Scan of Aorta (Screening - Once in a Lifetime) G0389

NOTE: Aetna Better Health (formerly Coventry Cares / Omni) patients may NOT have both LEA and LEV on the same date of service.

- ☐ Embolism / Thrombosis: I74* — Upper Lower
- ☐ PVD With Claudication: I70.21* — Right Left B/L
- ☐ PVD With Rest Pain: I70.22* — Right Left B/L
- ☐ Diabetes: E10.5* — Type 1 Type 2
- ☐ Raynaud's Disease I73.00
- ☐ Stricture, Artery I77.1
- ☐ Aneurysm, Other Artery I72.8
- ☐ Dissection, Renal Artery I77.79

Cerebral

- ☐ Carotid duplex with Color Flow 93880
- ☐ Carotid Artery Stenosis: I65.2* — Right Left B/L
- ☐ Hemiplegia: G81.9* — Right Left B/L; Dom Non-Dom
- ☐ Transient Visual Loss: H53.12* — Right Left B/L
- ☐ Visual Field Defect: H53.45* — Right Left B/L
- ☐ Vertigo of Central Origin: H81.4* — Right Left B/L
- ☐ Tinnitus: H93.1* — Right Left B/L
- ☐ Lack of Coordination R27.8
- ☐ TIA G45.8
- ☐ Transient Paralysis R29.5
- ☐ Arterial Bruit R09.89
- ☐ Aphasia R47.01
- ☐ Slurred Speech R47.81
- ☐ Syncope & Collapse R55

- ☐ Occlusion/Stenosis Vertebral Artery I65.0* — Right Left B/L
- ☐ Occlusion/Stenosis Basilar Artery I65.1*
- ☐ Occlusion/Stenosis Carotid Artery I65.2* — Right Left B/L
- ☐ Acute Cerebrovascular Insufficiency I67.81
- ☐ Cerebral Aneurysm I67.1
- ☐ TIA G45.8

Appointment	Please Indicate if Patient has	Reason For Ordering Test / Medical Necessity
Date Time	☐ BCN ☐ HAP ☐ PPO ☐ HMO *(other)*	Physician's Signature Date

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

Med-Share Diagnostics

Ultrasound 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.	

Procedure

Retroperitoneal / Abdominal

☐ Abdominal Ultrasound	76700
☐ Liver	76705
☐ Spleen	76705
☐ Gallbladder	76705
☐ Pancreas	76705
☐ Retroperitoneal	76770
☐ Kidney Only or Limited L R	76775
☐ Aorta Doppler	93978
☐ Renal Doppler	93975
☐ Single Organ (Specify) _____	76705

Small Parts

☐ Thyroid - Neck Soft Tissue	76536
☐ Breast L R	76641
☐ Testicles	76870
☐ Transrectal Prostate	76872
☐ Extremities Soft Tissue	76882
☐ Rotator Cuff	76882
☐ Achilles Tendon	76882

OB GYN / Pelvic

☐ Male Pelvis	76856
☐ Female Pelvis	76856
☐ Transvaginal	76830
☐ Pre & Postvoid Bladder Volumes (pelvic limited)	76857
☐ Obstetrics	76805

Preliminary Diagnosis

Please Circle Specificity

☐ RT Upper Quadrant RT Lower Quadrant LT Upper Quadrant LT Lower Quadrant General Epigastric Tenderness Pain Rigidity	R10*	☐ Fatty Liver	K76.0	☐ Kidney Stone	N20.0
		☐ Diarrhea	K59.1	☐ Hematuria	R31*
		☐ Constipation	K59.0	☐ Calculus (bladder)	N21.0
		☐ CKD	N18	☐ Urinary Frequency	R35.0
☐ Abdominal Mass: Right Left Upper Lower Epigastric General	R19*	☐ Chest Mass	R22.2	☐ Renal Artery Aneurysm	I72.2
		☐ Nausea & Vomiting	R11	☐ Low Back Pain	M54.5
		☐ Elevated Liver Enzymes	R74.8	☐ Diseased Pancreas	K86.8
☐ Gallbladder Cholelithiasis: With Without Acute Chronic Cholecystitis Obstruction	K80*	☐ Gas (Bloating)	R14	☐ Hepatomegaly (liver)	R16.0
				☐ Splenomegaly	R16.1
☐ Abdominal Aortic Aneurysm	I71.4				
☐ Abnormal Weight Change	R63.*				
☐ Thyroid Goiter	E04.8	☐ Thyroid Nodule	E04.1	☐ Throat Pain	R07.0
☐ Breast Mass	N63	☐ Nocturia	R35.1	☐ Mastodynia	N64.4
☐ Dysuria	R30.0	☐ Testicular Pain/ Mass/Hypertrophy	N50.8	☐ Abnormal Thyroid Results	R94.6
☐ Prostate Hypertrophy: With Without Urinary Tract Symptoms	N40*	☐ Elevated PSA	R97.2	☐ Head or Neck Mass	R22*
☐ Personal History of Breast Cancer	Z85.3				
☐ Menorrhagia: Reg Cycle Irr Cycle	N92.*	☐ Ectopic Pregnancy: Abd Tubal Ovarian	O00*	☐ Urinary Tract Infection	N39.0
				☐ Pelvic Mass	R19.07
☐ Amenorrhea: Primary Secondary	N91*	☐ Fibroid (Uterus) Submucous Intramural Subserosal	D25*	☐ Dysmenorrhea	N92.5
				☐ Enlarged Uterus	N85.4
☐ Cyst: Uterus Ovary Right Left	D39*			☐ Pelvic Pain	R10.2
☐ Other Specified Pregnancy Related: Trimester: 1 2 3	O26.89*				

Appointment	Please Indicate if Patient has	Reason For Ordering Test / Medical Necessity
Date Time	☐ BCN ☐ HAP ☐ PPO ☐ HMO *(other)*	Physicians Signature Date

Med-Share Diagnostics

Nuclear/Stress Testing Referral Form

Toll Free: (800) 342-8921
Fax: (248) 827-2641

Date	Referring Physician	Phone	Send Report To: Fax:
Patient Name Patient Phone		DOB	Preliminary Diagnosis

ARRIVE 30 MIN PRIOR TO APPT. TIME

BRING THIS SLIP WITH YOU

Nuclear Medicine

- ☐ Nuclear Stress Test w/ Functions (SPECT)
- ☐ Persantine w/Above

1. Patient has to be fasting for 4 hours prior to your appointment time.
2. You may have a light breakfast 2 hours prior to your appointment if you are diabetic and take your diabetic medication.
3. NO caffeine 12 hours before your test.
4. Bring all your medication or a list with dosages.
5. Wear comfortable loose fitting clothing.
6. Wear well fitting, non skid shoes.

Patients who do not show up for their appointment and fail to give 24 hour notice will be charged $200.

Patient Initials: _____

Preliminary Diagnosis

Please Circle Specificity

Cardiac Risk Factors

- ☐ Diabetes: E1*
  Type 1 Type 2
  With* OR W/O
  Complications
  (*Specify):
  _____
- ☐ CHF: I50*
  Acute Chronic
  Systolic Diastolic Both
- ☐ Old MI I25.2
- ☐ HTN I10
- ☐ Abnormal EKG R94.31
- ☐ ASHD: I25.1*
  W/ OR W/O
  Chest Pain

Current Symptomology

- ☐ Chest Pain: R07*
  Precordial
  Intercostal
  Other
- ☐ Other Abnormal Breathing: R06.89
  (Asthma, Emphysema)
- ☐ Pre-Op Z01.810
  Cardiovascular Exam
- ☐ SOB R06.02
- ☐ Palpitations R00.2
- ☐ COPD I27.89
- ☐ Benign Cardiac Murmur I49.8
- ☐ Syncope R55
- ☐ Mitral Valve Prolapse I34.1

AT NORTHLAND RADIOLOGY

LOCATED ON 20905 GEENFILED RD SUITE 105 SOUTHFIELD WE ALSO OFFER

40-Slice CT / CTA • Stress Echo • EMG / NCV
Ultrasound • Vascular Studies • Digital Mammography
Digital X-Ray • Bone Densitometry

Appointment	Please Indicate if Patient has	Reason For Ordering Test / Medical Necessity
Date Time	☐ BCN ☐ PPO ☐ HMO *(other)*	Physicians Signature Date