MercyOne Iowa Heart Center Testing Order Form

Please fax this order & the following information prior to scheduling appointment. ***515-280-4650***

□ EKG *if available* □ Current Medication List □ Copy of Insurance Card □ Last Office Visit □ Preauth form

Please select location for testing:

□ Ames □ Ankeny □ Carroll □ Ottumwa
□ Laurel Office(at Mercy Medical Center) □ West Des Moines □ Ft. Dodge

Patient Name: _____ **DOB:** _____ **Date:** _____

Address: _____ **Phone:** _____ **Weight/BMI:**_____

Preauthorization #: _____ *(Obtained by ordering provider)* **Insurance:**_____ **Ins #:** _____

Stress Tests (may require insurance preauthorization)				**CPT**	**Indication for Test**
Patients who can walk on a treadmill:					
1. Treadmill (No Imaging)				93015	1. _____
2. Myocardial Perfusion Imaging (Nuclear MPI Treadmill Stress)				78452	2. _____
3. Stress Echo (Ultrasound)				93351	3. _____
Chemical stress for patients who cannot walk on a treadmill:			*Indication for chemical stress (required):*		_____
1. Regadenoson MPI (Nuclear) *(Contraindicated in pts w/active wheezing)*				78452	1. _____
2. Dobutamine MPI (Nuclear) *(For pts w/active wheezing/severe lung disease)*				78452	2. _____
3. Dobutamine Stress Echo (Ultrasound)				93351	3. _____
Echocardiograms (may require insurance preauthorization)					
1. 2-D Echo (Includes Doppler with Color)				93306	1. _____
2. TEE (Transesophageal Echo) Call 515-643-2699 to schedule at MercyOne Hospital.				93312	2. _____
Lower Extremity Vascular Tests					
1. Venous Duplex (R/O Blood Clot)				93970	1. _____
2. Venous Reflux Exam (Venous Insufficiency)				93970	2. _____
3. Arterial Testing (Claudication)					3. _____
A. Ankle/Brachial Index (ABI):	Rest Only (93922)_____		With Exercise (93922)_____		4. _____
B. Segmental Blood Pressures:	Rest Only (93923)_____		With Exercise (93924)_____		5. _____
C. Arterial Duplex Scan:	Lower (93925)_____		Upper (93930)_____		6. _____
Other Vascular Tests					
1. Carotid Duplex				93880	1. _____
2. Renal Duplex				93975	2. _____
3. Abdominal Aortic Duplex				93978	3. _____
4. Screenings:	Abdominal ($25)_____		Carotid ($25)_____	ABI's($25)_____	*Not Covered by Insurance*
Medicare AAA Screening (Medicare only)					4. _____
EKG Only				93000	1. _____
Monitor					
1. 24-Hour Holter Monitor				93224	1. _____
2. 48-Hour Holter Monitor				93224	2. _____
3. 30-Day Event Monitor				93268	3. _____
4. 30-Day Mobile Cardiovascular Telemetry				93228 93229	4. _____
5. 7-14 Holter				93268	5. _____
CT (may require insurance preauthorization) *West Des Moines only*					
1. Calcium Score				75571	1. _____
2. CTA Coronary				75574	2. _____
3. CTA Chest - PVI				75572	3. _____
4. CTA: Carotid(70498)___	Chest(71275) ___	Abdomen (74175)___	Pelvis (72191)___	Abd/Pelv (74174)___	4. _____
5. CT Head:	without (70450)	with (70460)		with & without (70470)	5. _____
6. CT Neck	without (70490)	with (70491)		with & without (70492)	6. _____
7. CT Chest	without (71250)	with (71260)		with & without (71270)	7. _____
8. CT Abdomen	without (74150)	with (74160)		with & without (74170)	8. _____
9. CT Pelvis	without (72192)	with (72193)		with & without (72194)	9. _____
10. CT Abd/Pelv	without (74176)	with (74177)		with & without (74178)	10. _____

Provider Signature: _____

Print Name:_____

Updated 02/15/23