



Iowa Heart Center Testing Order Form

Please call to schedule an appointment before faxing this order to any Iowa Heart clinic.

Patient Name: _____	Date: _____
Address: _____	Phone: _____
Current IHC Patient ____ New Patient ____ DOB: _____	Weight: _____

Stress Tests

Patients who can walk on a treadmill:

1. Treadmill (no images) 93015
2. Myocardial Perfusion Imaging (MPI)* Treadmill (nuclear med) 78452
3. Stress Echo (ultrasound) 93351

Diagnosis for Test

1. _____
2. _____
3. _____

Chemical Stress for patients who cannot walk on a treadmill:

1. Regadenoson MPI* (contraindicated in pts w/active wheezing) 78452
2. Dobutamine MPI* (for pts w/wheezing/severe lung disease) 78452
3. Dobutamine Stress Echo (ultrasound stress) 93351

1. _____
2. _____
3. _____

EKG only 93000

1. _____

Echocardiograms

1. 2-D Echo (includes Doppler with color) 93306
2. TEE (transesophageal echo) 93312
3. Stress echo (see above) 93351

1. _____
2. _____
3. _____

Lower Extremity Vascular Tests

1. Venous Duplex (R/O blood clot) 93970
 2. Arterial Testing (claudication)
 - A. Ankle/Brachial index (ABI): (rest only ____ with exercise ____) 93922
 - B. Segmental blood pressures: (rest only ____ with exercise ____)* 93923 (rest) 93924 (exercise)
 - C. Arterial Duplex Scan (Identifies location and severity)* 93925 (lower) 93930 (upper)
- *(MC patients must first have abnormal ABI of .9 or below)

1. _____
2. _____

Other Vascular Tests

1. Carotid duplex 93880
2. Renal duplex 93975
3. Abdominal aortic aneurysm (AAA) 93978
4. Screenings: abdominal carotid ABI's

1. _____
2. _____
3. _____
4. _____

Monitor

1. 24-hour Holter Monitor 93224
2. 48-hour Holter Monitor 93224
3. 30-day Event Monitor 93268
4. 30-day Mobile Cardiovascular Telemetry 93228, 93229

1. _____
2. _____
3. _____
4. _____

CT

1. Calcium Scoring
2. CTA Coronary 75574
3. CTA Chest-PE Protocol 71275
4. CT Angio

a. Carotid (70498)	b. Chest (71275)	c. Abdomen (74175)	d. Pelvis (72191)	e. Other
	with (71260)	without (71250)	with & without (71270)	
	with (70460)	without (70450)	with & without (70470)	
	with (74160)	without (74150)	with & without (74170)	
	with (72193)	without (72192)	with & without (72194)	
5. CT Chest
6. CT Head
7. CT Abdomen
8. CT Pelvis
9. CT Neck soft tissue
10. Other

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Physician Signature: X _____ **Print Name:** _____
Preauthorization Number: _____ (Can serve as order)

If the diagnosis provided is not approved by Medicare, Iowa Heart will contact your office to see if there is an additional diagnosis that can be obtained. If a Medicare approved diagnosis cannot be found, please inform the patient that they will be asked to sign a waiver of liability at the time of testing. Thank you.