



IOWA HEART CENTER  
www.iowaheart.com

# 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

**Please select location for testing:**

- Ames                                       Ankeny                                       Carroll                                       Ft. Dodge                                       Indianola  
 Laurel Office(at Mercy Medical Center)    Marshalltown                                       Newton                                       Ottumwa                                       West Des Moines

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Weight/BMI:** \_\_\_\_\_  
**Preauthorization #:** \_\_\_\_\_ (Obtained by ordering provider) **Insurance:** \_\_\_\_\_ **Ins #:** \_\_\_\_\_

<u>Stress Tests (may require insurance preauthorization)</u>	<u>CPT</u>	<u>Indication for Test</u>
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: <i>Indication for chemical stress (required):</i> _____		
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. _____
<b><u>Echocardiograms (may require insurance preauthorization)</u></b>		
1. 2-D Echo (Includes Doppler with Color)	93306	1. _____
2. TEE (Transesophageal Echo) Call 515-643-2699 to Schedule at Mercy Hospital.	93312	2. _____
<b><u>Lower Extremity Vascular Tests</u></b>		
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. _____
<b><u>Other Vascular Tests</u></b>		
1. Carotid Duplex	93880	1. _____
2. Renal Duplex	93975	2. _____
3. Abdominal Aortic Aneurysm (AAA)	93978	3. _____
4. Screenings:                                      Abdominal_____                                      Carotid_____                                      ABI's_____		Not Covered by Insurance
<b><u>EKG Only</u></b>		
	93000	1. _____
<b><u>Monitor</u></b>		
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. _____
<b><u>CT (may require insurance preauthorization)</u></b>		
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 6/27/16