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. _____

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 06/20/22