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Date: _____ Requesting Evaluation and Procedure for Date: _____

Patient Name: _____ DOB: _____ Phone No.: _____

Address: _____

Skilled Nursing Facility: Yes No If Yes, Facility Name: _____ Phone No.: _____

Hospice Patient: Yes No Facility Address: _____

Referring Physician: _____ Phone No.: _____

Authorizing Signature: _____ Fax No.: _____

Fax with Demographics and insurance information

Ankle Brachial Index - 93922
 Wrist Brachial Index - 93922
 Lower Extremity Segmental - 93923
 Upper Extremity Segmental - 93923
 Art Duplex Complete - 93925/93930
 Art Duplex Limited - 93926/93931
 I70.209 ASD of Native Arteries of the Extrem
 I70.219 ASD w/Intermittent Claudication
 I70.229 ASD w/Rest Pain
 I70.25 ASD w/Ulceration
 I70.269 ASD w/Gangrene
 I74.8 Emb & Thromb Other Artery
 R09.89 Bruit
 M79.609 Pain in Limb
 Z01.818 Other Preprocedural Examination
 Complication of Vascular Prosthetic Devices, Implants and Grafts. Please Specify the Complication: _____

Laterality: Right Left Bilateral

Area of Concern: Thigh Calf Ankle
 Heel & Midfoot Unspecified

Venous Duplex Limited - 93971
 Venous Duplex Complete - 93970
 Lower Extremity
 Upper Extremity
 I82.4 Acute Embolism/Thromb of Veins of LE
 I82.5 Chronic Embolism/Thromb of Veins of LE
 I82.6 Acute Embolism/Thromb of Veins of UE
 I82.7 Chronic Embolism/Thromb of Veins of UE
 I83.899 Varicose Veins of Lower Ext w/other Complications; Edema, Pain, Swelling
 I83.009 Varicose Veins of LE w/Ulcer
 I83.10 Varicose Veins of LE w/Inflammation
 I87.2 Venous (Peripheral) Insufficiency, Unspec
 M79.609 Pain in Limb
 M79.89 Swelling of Limb

Laterality: Right Left Bilateral

Area of Concern: Deep Veins Iliac Tibial
 Subclavian Femoral Popliteal Axillary
 Jugular Brachial Radial Ulnar
 Superficial Veins Unspecified

Renal Ultrasound Complete - 76770
 Renal Ultrasound Limited - 76775
 Bladder Ultrasound - 76775
 N13.5 Stricture of Ureter
 N17.9 Acute Kidney Failure (Unspecified)
 N18.1 CKD Stage I
 N18.2 CKD Stage II
 N18.3 CKD Stage III
 N18.4 CKD Stage IV
 N18.5 CKD Stage V
 N18.6 End Stage Renal Disease
 N18.9 Chronic Kidney Disease, Unspecified
 N20.0 Calculus of Kidney
 N20.1 Calculus of Ureter
 N13.30 Hydronephrosis
 N32.0 Bladder Neck Obstruction
 R33.9 Retention of Urine, Unspecified
 R30.0 Dysuria
 R35.0 Urinary Frequency
 R31.9 Hematuria
 R80.3 Proteinuria

Carotid Complete Ultrasound - 93880
 H34.00 Transient Retinal Arterial Occlusion
 R09.89 Bruit (Arterial); Weak Pulse
 I65.29 Occlusion & Stenosis of Carotid Art
 I63.239 Occlusion & Stenosis of Carotid Artery w/ Cerebral
 Infarction
 G45.9 Transient Ischemic Attack (TIA)
 R55 Syncope & Collapse
 R42 Dizziness & Giddiness

Fistula/Graft Ultrasound - 93990
 T82.818A Embolism of Vascular Prosthetic Devices, Implants and Grafts
 T82.828A Fibrosis of Vascular Prosthetic Devices, Implants and Grafts
 T82.838A Hemorrhage of Vascular Prosthetic Devices, Implants and Grafts
 T82.848A Pain of Vascular Prosthetic Devices, Implants and Grafts
 T82.858A Stenosis of Vascular Prosthetic Devices, Implants and Grafts
 T82.868A Thrombosis of Vascular Prosthetic Devices, Implants and Grafts
 T82.898A Other Specified Complication of Vascular Prosthetic Devices, Implants and Grafts. Please specify the complication: _____
 Z01.818 Other Preprocedural Examination

Renal Artery Ultrasound - 93975
 R10.9 Abdominal Pain, Unspecified Site
 R10.12 Abdominal Pain, LUQ
 R10.13 Epigastric Pain
 N28.0 Vascular Disorder of Kidney
 I10 Essential Hypertension, Unspecified
 I70.1 Renal Artery Atherosclerosis
 N28.89 Oth Spec. Disorders Kidney/Ureter
 R10.11 Abdominal Pain RUQ

Thyroid Ultrasound - 76536
 E01.2 Iodine Deficiency Goiter
 E03.9 Hypothyroidism
 E04.9 Enlarged Thyroid (Goiter)
 R22.1 Neck Mass
 E04.1 Thyroid Cyst
 E07.9 Thyroid Disorder, Unspecified

Other Exam Not Listed

Other ICD10 Code Not Listed

Upper Vein Mapping (for creation of dialysis fistula) - G0365 (93970, 93971)
 Lower Extremity Vein Mapping
 N18.4 Chronic Kidney Disease-Stage IV
 N18.5 Chronic Kidney Disease-Stage V
 N18.6 End Stage Renal Disease
 N18.9 Chronic Kidney Disease, Unspecified
 N28.89 Oth Spec. Disorders Kidney/Ureter
 Z01.818 Other preprocedural examination
 Complication of Vascular Prosthetic Devices, Implants and Grafts. Please specify the complication: _____

Aortic Ultrasound - 93978
 I71.4 Abdominal Aneurysm
 I70.219 ASD w/Claudication
 I73.9 Peripheral Vascular Disease Unspecified
 I74.11 Embolism/Thrombosis Thoracic Aorta
 R19.00 Pulsatile Abdominal Mass