

USE BALL POINT PEN ONLY
Fax to:336-328-4415

VASCULAR ULTRASOUND
ORDER FORM

Please arrive @ _____ for Registration
Your appt date is: _____
Your appt time is: _____

- ☐ ROUTINE
☐ STAT CALL REPORT# _____
☐ STAT CALL REPORT-PATIENT TO WAIT# _____

To schedule an appt. please call 336-328-3333, Option#7
M-Th 7:30 am to 6:00 pm, Friday 7:30am-5:00pm
For Pre-Registration call 336-328-3733
Monday-Friday, 8:00 am to 6:00 pm

Patient Name: _____ Phone No: _____ D.O.B: _____

Referring Practitioner: _____ Wheelchair (circle one): YES NO Comments: _____

Referring Practitioner Signature: _____ Date _____ Time _____

TYPE OF STUDY (Please Check)

INDICATIONS FOR STUDY (Please Check) *R/O is not acceptable for these services

Cerebrovascular: Duplex Ultrasound of the extracranial carotid and vertebral arteries (93880). When applicable, transcranial Doppler (TCD) (93886), limited TCD (93888), limited upper extremity arterial (93931) <input type="checkbox"/> Full 93880, 93931, 93886, and/or 93888 Or <input type="checkbox"/> 93880 (carotid duplex only) <input type="checkbox"/> 93931 <input type="checkbox"/> 93886 <input type="checkbox"/> 93888 <input type="checkbox"/> 93882	Indication <input type="checkbox"/> CVA(current) <input type="checkbox"/> TIA(current) <input type="checkbox"/> Bruit <input type="checkbox"/> Aphasia/ Slurred Speech <input type="checkbox"/> F/U CEA <input type="checkbox"/> Hemiparesis or Hemiplegia Location _____ Indication <input type="checkbox"/> Stenosis	Indication <input type="checkbox"/> Dizziness*/vertigo* <input type="checkbox"/> Syncope <input type="checkbox"/> Amaurosis fugax <input type="checkbox"/> Known Stenosis <input type="checkbox"/> Motor Deficit <input type="checkbox"/> Other _____
Extremity Arterial: Stress ankle/Brachial indices and segmental Doppler wave form analysis (93923). When applicable, duplex evaluation of the abdominal aorta (93978), and/or duplex evaluation lower extremity arteries (93925 bilateral/93926 unilateral) may be performed, and/or surveillance of bypass graft. <input type="checkbox"/> Lower Extremity Full 93923,93925 and/or 93926, 93978 Or <input type="checkbox"/> 93922 <input type="checkbox"/> 93923 <input type="checkbox"/> 93925 <input type="checkbox"/> 93926 <input type="checkbox"/> 93978 <input type="checkbox"/> Upper Extremity Full 93923, 92930 Or <input type="checkbox"/> 93922 <input type="checkbox"/> 93923 <input type="checkbox"/> 93930 <input type="checkbox"/> 93931	Indication <input type="checkbox"/> Claudication <input type="checkbox"/> S/P Bypass Graft <input type="checkbox"/> Ischemia* <input type="checkbox"/> Rest Pain <input type="checkbox"/> Ulcer-type listed below <input type="checkbox"/> Pressure <input type="checkbox"/> Chronic Stage of ulcer _____ Location of symptom _____ RT or LT _____ Indication <input type="checkbox"/> Stenosis	Indication <input type="checkbox"/> Raynaud's <input type="checkbox"/> Gangrene <input type="checkbox"/> Known Stenosis
Extremity Venous: Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Focus of Exam: DVT <input type="checkbox"/> or Venous Insufficiency <input type="checkbox"/> Duplex ultrasound interrogation of the major and deep and superficial extremity veins, for obstruction (thrombosis) and venous competence (93970/93971). When applicable, interrogation of the inferior vena cava and iliac veins (93978) may be performed. When applicable, a radiologist consult will be performed. Lower Extremity <input type="checkbox"/> Bilateral (93970) or <input type="checkbox"/> unilateral (93971) side: _____ Upper Extremity <input type="checkbox"/> Bilateral (93970) or <input type="checkbox"/> unilateral (93971) side: _____	Indication <input type="checkbox"/> Known DVT Location _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Symptomatic Varicose Veins Location of symptom _____ <input type="checkbox"/> Right <input type="checkbox"/> Left	Indication <input type="checkbox"/> Edema <input type="checkbox"/> Superficial thrombosis <input type="checkbox"/> Pain in limb Location of pain _____
Visceral Duplex scan of arterial inflow and venous outflow of abdominal, pelvic and/or retroperitoneal organs <input type="checkbox"/> Complete 93975 <input type="checkbox"/> Focused 93976	Please Check: <input type="checkbox"/> Portal/Hepatic <input type="checkbox"/> Renal → <input type="checkbox"/> Mesenteric	Indication <input type="checkbox"/> Stenosis (Renal) <input type="checkbox"/> HTN <input type="checkbox"/> Abdominal bruit
Aorta <input type="checkbox"/> IVC <input type="checkbox"/> Duplex ultrasound evaluation of the abdominal aortic and iliac arteries <input type="checkbox"/> Complete 93978 <input type="checkbox"/> Focused 93979 <input type="checkbox"/> 76706 (AAA screening Medicare)	Indication <input type="checkbox"/> Aneurysm <input type="checkbox"/> Post Op F/U <input type="checkbox"/> Screening AAA	Indication <input type="checkbox"/> Stenosis <input type="checkbox"/> Abdominal bruit <input type="checkbox"/> Other _____
Dialysis Access Site Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Duplex ultrasound evaluation of a fistula/access graft, arterial inflow and venous outflow of the involved site. When an access steal is suspected, arterial physiologic studies with provocative maneuvers may be performed (93923) <input type="checkbox"/> Complete Exam (93990, 93923 if needed) <input type="checkbox"/> 93990 <input type="checkbox"/> 93923	Indication <input type="checkbox"/> Pain <input type="checkbox"/> Edema <input type="checkbox"/> Post Op F/U* <input type="checkbox"/> Other _____	Indication <input type="checkbox"/> Complication of graft Nature of complication _____
Pre- Dialysis Access Mapping Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Duplex ultrasound and physiologic evaluation of arterial inflow and venous outflow prior to creation of a fistula/access graft. <input type="checkbox"/> G0365 (Pre-operative arterial and venous mapping)* <input type="checkbox"/> 93971 (Vein mapping only)	Indication <input type="checkbox"/> Stage 4 Renal Disease <input type="checkbox"/> Stage 5 Renal Disease <input type="checkbox"/> End Stage Renal Disease <input type="checkbox"/> Reason for Surgery _____	Indication <input type="checkbox"/> Pre-Op <input type="checkbox"/> Other _____
Retroperitoneal <input type="checkbox"/> 76770 Complete (scans aorta, common iliac artery origins, inf vena cava, kidneys and bladder if necessary) <input type="checkbox"/> 76775 Limited	Indication <input type="checkbox"/> UTI <input type="checkbox"/> Calculus of Kidney <input type="checkbox"/> Other _____	Indication <input type="checkbox"/> CKD Stage _____



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COMMON PROCEDURE TERMINOLOGY

Non-Invasive Vascular Diagnostic Studies

Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bi-directional vascular flow or imaging when provided.

The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bi-directional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reported.

Duplex scan describes an ultrasonic scanning procedure with display of both two-dimensional structure and motion with time and Doppler ultrasound signal documentation with spectral analysis and/or color flow velocity mapping or imaging.

Cerebrovascular Arterial Studies

- 93880 Duplex scan of extracranial arteries, complete bilateral study
- 93882 unilateral or limited study
- 93886 Transcranial Doppler study of the intracranial arteries; complete study
- 93888 Transcranial Doppler study of the intracranial arteries; focused/limited study

Extremity Arterial Studies (Including Digits)

- 93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)
- 93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalispedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
- 93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study.
- 93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study.
- 93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study.
- 93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Extremity Venous Studies (Including Digits)

- 93965 Non-invasive physiologic studies of extremity veins, complete bilateral study (eg. Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography).
- 93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
- 93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Visceral and Penile Vascular Studies

- 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study.
- 93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
- 93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
- 93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
- 93980 Duplex scan of arterial inflow and venous outflow or penile vessels; complete study
- 93981 Duplex scan of arterial inflow and venous outflow or penile vessels; follow-up or limited study

Extremity Arterial-Venous Studies

- 93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow).
- G0365 Duplex scan of extremity veins and physiologic testing and/or duplex evaluation of the extremity arteries prior to creation of dialysis access site

Echocardiogram (full)

- 93306 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography

ADVANCED BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Tests ordered by your physician with indications identified on the front of the requisition forms with a * symbol may be denied for payment. If your test may be denied for payment by your insurance carrier for reasons of medical necessity, based on Local Coverage Determinations (LCD), you will be asked by the VDC to sign an Advanced Beneficiary Notice (ABN). By signing the ABN, you are agreeing to assure financial responsibility for the payment of these tests.

