

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 [x]
For Pre-Registration call 336-328-3733
Monday-Friday, 8:00 am to 6:00 pm

Patient Name: _____ DOB: _____

Practitioner Name (Print) _____

Practitioner Signature _____

Reason for Exam: _____
ICD-10 Code: _____

- Access central line or port if present and use for administration of medications and fluids. Flush per protocol.
- Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port)

TYPE OF STUDY (Please Check)

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

<p>Cerebrovascular: Duplex Ultrasound of the extracranial carotid and vertebral arteries (93880). 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.</p> <p>Full 93880, 93931, 93886, and/or 93888 Or 93880 (carotid duplex only) 93931 93886 93888 93882</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>CVA(current)</td> <td>Dizziness*/vertigo*</td> </tr> <tr> <td>TIA(current)</td> <td>Syncope</td> </tr> <tr> <td>Bruit</td> <td>Amaurosis fugax</td> </tr> <tr> <td>Aphasia/</td> <td>Known Stenosis</td> </tr> <tr> <td>Slurred Speech</td> <td>Motor Deficit</td> </tr> <tr> <td>F/U CEA</td> <td>Stenosis</td> </tr> <tr> <td>Hemiparesis or Hemiplegia</td> <td>Other _____</td> </tr> <tr> <td>Location _____</td> <td></td> </tr> </table>	Indication	Indication	CVA(current)	Dizziness*/vertigo*	TIA(current)	Syncope	Bruit	Amaurosis fugax	Aphasia/	Known Stenosis	Slurred Speech	Motor Deficit	F/U CEA	Stenosis	Hemiparesis or Hemiplegia	Other _____	Location _____			
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<p>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.</p> <p>Lower Extremity Full 93923,93925 and/or 93926, 93978 Or 93922 93923 93925 93926 93978 Upper Extremity Full 93923, 92930 Or 93922 93923 93930 93931</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Claudication</td> <td>Raynaud's</td> </tr> <tr> <td>S/P Bypass Graft</td> <td>Gangrene</td> </tr> <tr> <td>Ischemia*</td> <td>Known Stenosis</td> </tr> <tr> <td>Rest Pain</td> <td></td> </tr> <tr> <td>Ulcer-type listed below</td> <td></td> </tr> <tr> <td>Pressure Chronic Stage of ulcer _____</td> <td></td> </tr> <tr> <td>Location of symptom _____ RT or LT _____</td> <td></td> </tr> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Stenosis</td> <td>Other _____</td> </tr> </table>	Indication	Indication	Claudication	Raynaud's	S/P Bypass Graft	Gangrene	Ischemia*	Known Stenosis	Rest Pain		Ulcer-type listed below		Pressure Chronic Stage of ulcer _____		Location of symptom _____ RT or LT _____		Indication	Indication	Stenosis	Other _____
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<p>Extremity Venous: Right Left Bilateral Focus of Exam: DVT or Venous Insufficiency 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.</p> <p>Lower Extremity Bilateral (93970) or unilateral (93971) side: _____ Upper Extremity Bilateral (93970) or unilateral (93971) side: _____</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Known DVT Location _____</td> <td>Edema</td> </tr> <tr> <td>Right Left</td> <td>Superficial thrombosis</td> </tr> <tr> <td>Shortness of Breath</td> <td>Pain in limb</td> </tr> <tr> <td>Symptomatic Varicose Veins</td> <td>Location of pain _____</td> </tr> <tr> <td>Location of symptom _____</td> <td></td> </tr> <tr> <td>Right Left</td> <td></td> </tr> </table>	Indication	Indication	Known DVT Location _____	Edema	Right Left	Superficial thrombosis	Shortness of Breath	Pain in limb	Symptomatic Varicose Veins	Location of pain _____	Location of symptom _____		Right Left							
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<p>Visceral Duplex scan of arterial inflow and venous outflow of abdominal, pelvic and/or retroperitoneal organs</p> <p>Complete 93975 Focused 93976</p> <p><i>Please Check:</i> Portal/Hepatic Renal → Mesenteric</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Stenosis (Renal)</td> <td>Renal failure</td> </tr> <tr> <td>HTN</td> <td>Post Op F/U</td> </tr> <tr> <td>Abdominal bruit</td> <td>Other _____</td> </tr> </table>	Indication	Indication	Stenosis (Renal)	Renal failure	HTN	Post Op F/U	Abdominal bruit	Other _____												
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<p>Aorta IVC Duplex ultrasound evaluation of the abdominal aortic and iliac arteries</p> <p>Complete 93978 Focused 93979 76706 (AAA screening Medicare)</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Aneurysm</td> <td>Stenosis</td> </tr> <tr> <td>Post Op F/U</td> <td>Abdominal bruit</td> </tr> <tr> <td>Screening AAA</td> <td>Other _____</td> </tr> </table>	Indication	Indication	Aneurysm	Stenosis	Post Op F/U	Abdominal bruit	Screening AAA	Other _____												
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<p>Dialysis Access Site Right Left Bilateral 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) Complete Exam (93990, 93923 if needed) 93990 <input type="checkbox"/> 93923</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Pain</td> <td>Complication of graft</td> </tr> <tr> <td>Edema</td> <td>Nature of complication _____</td> </tr> <tr> <td>Post Op F/U*</td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table>	Indication	Indication	Pain	Complication of graft	Edema	Nature of complication _____	Post Op F/U*		Other _____											
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<p>Pre- Dialysis Access Mapping Right Left Bilateral Duplex ultrasound and physiologic evaluation of arterial inflow and venous outflow prior to creation of a fistula/access graft.</p> <p>G0365 (Pre-operative arterial and venous mapping)* 93971 (Vein mapping only)</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>Stage 4 Renal Disease</td> <td>Pre-Op</td> </tr> <tr> <td>Stage 5 Renal Disease</td> <td></td> </tr> <tr> <td>End Stage Renal Disease</td> <td>Other _____</td> </tr> <tr> <td>Reason for Surgery _____</td> <td></td> </tr> </table>	Indication	Indication	Stage 4 Renal Disease	Pre-Op	Stage 5 Renal Disease		End Stage Renal Disease	Other _____	Reason for Surgery _____											
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<p>Retroperitoneal 76770 Complete (scans aorta, common iliac artery origins, inf vena cava, kidneys and bladder if necessary) 76775 Limited</p>	<table border="0"> <tr> <td>Indication</td> <td>Indication</td> </tr> <tr> <td>UTI</td> <td>CKD Stage _____</td> </tr> <tr> <td>Calculus of Kidney</td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table>	Indication	Indication	UTI	CKD Stage _____	Calculus of Kidney		Other _____													
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169900010
Vascular US Order Form
Reviewed: 10/5/2017



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.