

- 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,

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).</p> <p><input type="checkbox"/> 93880 (Carotid duplex only)</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Indication</u></td> <td style="border: none;"><u>Indication</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CVA</td> <td style="border: none;"><input type="checkbox"/> Dizziness*/vertigo*</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> TIA</td> <td style="border: none;"><input type="checkbox"/> Syncope</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Known Stenosis/ Occlusion R / L</td> <td style="border: none;"><input type="checkbox"/> Amaurosis fugax</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> F/U carotid endarterectomy (CEA) R / L</td> <td style="border: none;"><input type="checkbox"/> Aphasia/ Slurred Speech</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hemiparesis or Hemiplegia</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bruit <input type="checkbox"/> Right <input type="checkbox"/> Left</td> <td style="border: none;"></td> </tr> </table>	<u>Indication</u>	<u>Indication</u>	<input type="checkbox"/> CVA	<input type="checkbox"/> Dizziness*/vertigo*	<input type="checkbox"/> TIA	<input type="checkbox"/> Syncope	<input type="checkbox"/> Known Stenosis/ Occlusion R / L	<input type="checkbox"/> Amaurosis fugax	<input type="checkbox"/> F/U carotid endarterectomy (CEA) R / L	<input type="checkbox"/> Aphasia/ Slurred Speech	<input type="checkbox"/> Hemiparesis or Hemiplegia		<input type="checkbox"/> Bruit <input type="checkbox"/> Right <input type="checkbox"/> Left			
<u>Indication</u>	<u>Indication</u>																
<input type="checkbox"/> CVA	<input type="checkbox"/> Dizziness*/vertigo*																
<input type="checkbox"/> TIA	<input type="checkbox"/> Syncope																
<input type="checkbox"/> Known Stenosis/ Occlusion R / L	<input type="checkbox"/> Amaurosis fugax																
<input type="checkbox"/> F/U carotid endarterectomy (CEA) R / L	<input type="checkbox"/> Aphasia/ Slurred Speech																
<input type="checkbox"/> Hemiparesis or Hemiplegia																	
<input type="checkbox"/> Bruit <input type="checkbox"/> Right <input type="checkbox"/> Left																	
<p>Extremity Arterial: In patients with a clinical concern of peripheral vascular disease(PVD) due to risk factors or clinical signs or symptoms such as decreased pulses, abnormal physical exam or abnormal office ABI's, the most appropriate vascular ultrasound examination is generally the Bilateral Arterial Segmental (93923) evaluation.</p> <p><input type="checkbox"/> Lower Extremity</p> <p><input type="checkbox"/> 93922 ABI (Ankle/brachial indices)</p> <p><input type="checkbox"/> *93923 ABI w/ Exercise (*recommended when claudication is the indication for exam.</p> <p><input type="checkbox"/> 93923 Segmental (Segmental wave form analysis) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilat.</p> <p><input type="checkbox"/> *93924 Segmental waveform analysis w/exercise (*recommended when claudication is the indication for exam. <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilat.</p> <p>Y include Toe Pressures (select when applicable)</p> <p>Real-time Arterial Doppler exams: (See indications to the right)</p> <p><input type="checkbox"/> 93925 Bilateral real time arterial Doppler</p> <p><input type="checkbox"/> 93926 Unilateral real time arterial Doppler <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</p> <p><input type="checkbox"/> Upper Extremity</p> <p><input type="checkbox"/> 93922 RBI (Radial/brachial indices)</p> <p><input type="checkbox"/> 93930 Bilateral real time arterial Doppler</p> <p><input type="checkbox"/> 93931 Unilateral real time arterial Doppler <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Indication</u></td> <td style="border: none;"><u>Indication</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Claudication</td> <td style="border: none;"><input type="checkbox"/> Gangrene</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> S/P Bypass Graft</td> <td style="border: none;"><input type="checkbox"/> Known Stenosis</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ischemia</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rest Pain</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ulcer: type listed below:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Pressure _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chronic _____</td> <td style="border: none;"></td> </tr> </table> <p>Location of symptom _____ <input type="checkbox"/> Right or <input type="checkbox"/> Left</p> <p>Real-time Arterial Doppler exams can be considered to evaluate a specific area(s) of interest (i.e. grafts, stents) in upper or lower extremities or as described by the physician, or at the specific request of a surgeon.</p>	<u>Indication</u>	<u>Indication</u>	<input type="checkbox"/> Claudication	<input type="checkbox"/> Gangrene	<input type="checkbox"/> S/P Bypass Graft	<input type="checkbox"/> Known Stenosis	<input type="checkbox"/> Ischemia		<input type="checkbox"/> Rest Pain		<input type="checkbox"/> Ulcer: type listed below:		<input type="checkbox"/> Pressure _____		<input type="checkbox"/> Chronic _____	
<u>Indication</u>	<u>Indication</u>																
<input type="checkbox"/> Claudication	<input type="checkbox"/> Gangrene																
<input type="checkbox"/> S/P Bypass Graft	<input type="checkbox"/> Known Stenosis																
<input type="checkbox"/> Ischemia																	
<input type="checkbox"/> Rest Pain																	
<input type="checkbox"/> Ulcer: type listed below:																	
<input type="checkbox"/> Pressure _____																	
<input type="checkbox"/> Chronic _____																	
<p>Extremity Venous: Duplex ultrasound interrogation of the major deep and superficial extremity veins, for obstruction (thrombosis) and venous competence. When applicable, a radiologist consult will be performed.</p> <p>Focus of Exam: <input type="checkbox"/> DVT or <input type="checkbox"/> Venous Insufficiency (please check one)</p> <p>Lower Extremity <input type="checkbox"/> (93970) Bilateral or <input type="checkbox"/> (93971) Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p>Upper Extremity <input type="checkbox"/> (93970) Bilateral or <input type="checkbox"/> (93971) Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Indication</u></td> <td style="border: none;"><u>Indication</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Known DVT. Location: _____</td> <td style="border: none;"><input type="checkbox"/> Edema</td> </tr> <tr> <td style="border: none;">YRight YLeft</td> <td style="border: none;"><input type="checkbox"/> Superficial thrombosis</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shortness of Breath</td> <td style="border: none;"><input type="checkbox"/> Pain in limb <input type="checkbox"/> Right <input type="checkbox"/> Left</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Symptomatic Varicose Veins</td> <td style="border: none;">Location of pain _____</td> </tr> <tr> <td style="border: none;">Location of symptom _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Right <input type="checkbox"/> Left</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other: _____</td> <td style="border: none;"></td> </tr> </table>	<u>Indication</u>	<u>Indication</u>	<input type="checkbox"/> Known DVT. Location: _____	<input type="checkbox"/> Edema	YRight YLeft	<input type="checkbox"/> Superficial thrombosis	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Pain in limb <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Symptomatic Varicose Veins	Location of pain _____	Location of symptom _____		<input type="checkbox"/> Right <input type="checkbox"/> Left		<input type="checkbox"/> Other: _____	
<u>Indication</u>	<u>Indication</u>																
<input type="checkbox"/> Known DVT. Location: _____	<input type="checkbox"/> Edema																
YRight YLeft	<input type="checkbox"/> Superficial thrombosis																
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Pain in limb <input type="checkbox"/> Right <input type="checkbox"/> Left																
<input type="checkbox"/> Symptomatic Varicose Veins	Location of pain _____																
Location of symptom _____																	
<input type="checkbox"/> Right <input type="checkbox"/> Left																	
<input type="checkbox"/> Other: _____																	
<p>Visceral (Renal Doppler) Duplex scan of arterial inflow and venous outflow of the renal arteries. Select:</p> <p><input type="checkbox"/> 93975 Complete (Doppler) PLUS</p> <p><input type="checkbox"/> 76775 Renal Limited (select this exam + above 93975 for Renal Doppler exam)</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Indication</u></td> <td style="border: none;">Prep: NPO x 6hrs</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Stenosis</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> HTN</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abdominal Bruit</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Renal Failure</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Post OP F/U</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table>	<u>Indication</u>	Prep: NPO x 6hrs	<input type="checkbox"/> Stenosis		<input type="checkbox"/> HTN		<input type="checkbox"/> Abdominal Bruit		<input type="checkbox"/> Renal Failure		<input type="checkbox"/> Post OP F/U		<input type="checkbox"/> Other _____			
<u>Indication</u>	Prep: NPO x 6hrs																
<input type="checkbox"/> Stenosis																	
<input type="checkbox"/> HTN																	
<input type="checkbox"/> Abdominal Bruit																	
<input type="checkbox"/> Renal Failure																	
<input type="checkbox"/> Post OP F/U																	
<input type="checkbox"/> Other _____																	
<p>Aorta</p> <p><input type="checkbox"/> 93979 Aorta Duplex limited for evaluation of Aorta only. For "AAA" Screening or followup/ known "AAA"</p> <p><input type="checkbox"/> 76706 Aorta Medicare screening ONLY (must meet Medicare criteria)</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Indication</u></td> <td style="border: none;">Prep: NPO x 6hrs</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aneurysm</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Post OP F/U</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Screening AAA</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Stenosis</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abdominal bruit</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table>	<u>Indication</u>	Prep: NPO x 6hrs	<input type="checkbox"/> Aneurysm		<input type="checkbox"/> Post OP F/U		<input type="checkbox"/> Screening AAA		<input type="checkbox"/> Stenosis		<input type="checkbox"/> Abdominal bruit		<input type="checkbox"/> Other _____			
<u>Indication</u>	Prep: NPO x 6hrs																
<input type="checkbox"/> Aneurysm																	
<input type="checkbox"/> Post OP F/U																	
<input type="checkbox"/> Screening AAA																	
<input type="checkbox"/> Stenosis																	
<input type="checkbox"/> Abdominal bruit																	
<input type="checkbox"/> Other _____																	



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

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 (Segmental pressures) (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)
- 93924 Same as above but with exercise (Segmental Pressures w/exercise). This exam recommended when claudication is the indication for exam.
- 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 Doppler

- 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; 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

Medicare Guidelines for obtaining an Aorta Screening ultrasound are as follows: *Age 65-75 ; *first time exam; *Male w/smoking history OR *Male or Female w/ a family history of "AAA". If they do not meet this criteria, the exam will be coded and changed to 93979 Duplex Aorta Limited.

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.