

**REFERRAL FAX FORM**  
**(Operating thru COVID-19 Pandemic)**

1880 Amherst Street  
 Suites 100 & 200  
 Winchester, VA 22601  
 Main: (540) 662-0306  
 Fax: (855) 264-2066

Date of Referral: \_\_\_\_\_

Patient:	Date of Birth:	Patient Phone:
Patient Height:	Patient Weight:	<b>We contact insurance providers to pre-authorize testing. Please provide patient's insurance information to facilitate.</b>
Requesting Provider:	Requesting Provider Phone:	Insurance Plan:
Reason for Requested Services (Diagnosis/Symptom) & Comments:		Insurance ID:

**PLEASE INDICATE:**

**Urgent Testing (scheduled in April/May)**     **within 1 week**     **within 1 month**  
**Routine Testing (schedule in June 2020)**     **Routine**

**Consultation (99201-99205)**

- Cardiology or Continued Care**
- Vascular / Venous**
- Electrophysiology**
- Pre Surgical / Preoperative**
- EKG w/Interpretation (93000, 93010)**

**Echocardiogram (Please Circle Indication)**

- Transthoracic (TTE) (93306-93308)**
  - Pulmonary hypertension (I27.0, I27.2)
  - Cardiomyopathy (I25.5, I42.X)
  - Coronary artery disease (I25.10)
  - Abnormal ECG (R94.31)
  - Hypertension (I10)
  - Edema (R60.0)
  - Murmur (R01.1)
  - Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
  - Aortic valve disease (I35.X)
  - Mitral valve disease (I34.X)
  - History of TIA/CVA (I69.9, G49.9)
  - Congestive Heart Failure (I50.40)
  - Other: \_\_\_\_\_

**Stress Testing (Please Circle Indication)**

Please note that dobutamine stress echos are available only at your local hospital.

- \*Standard Walking Treadmill (93015-93018)**
  - Coronary artery disease (I25.10)
  - Pulmonary hypertension (I27.0, I27.2)
  - Cardiomyopathy (I25.5, I42.9)
  - Angina (I20.9) or chest pain (R07.89)
  - Pre-op risk assessment
  - Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
  - LV outflow tract obstruction (I42.1)
  - Poor exercise tolerance (R53.83)
  - AEIB (New I48.0, Persistent I48.1, Chronic I48.2)
  - Other: \_\_\_\_\_
- \*Stress Echo - Treadmill (93350-93351)**
  - Coronary artery disease (I25.1X)
  - Angina (I20.9) or chest pain (R07.89)
  - Hypertension (I10)
  - Shortness of breath (R06.02)
  - Abnormal ECG (R94.31)
  - Arrhythmia (Tachycardia R00.0, Bradycardia R00.1, A-fib)
  - Poor exercise tolerance (R53.83)
  - Pre-op risk assessment
  - Other: \_\_\_\_\_

**Nuclear Testing (Please Circle Indication)**

- \*Walking Nuclear Stress (78451-78454)**
- \*Pharmacologic Nuclear Stress (78451-78454 + Nuclear Drugs)**
  - Coronary artery disease (I25.10)
  - Angina (I20.9) or chest pain (R07.89)
  - Hypertension (I10)
  - Shortness of breath (R06.02)
  - Abnormal ECG (R94.31)
  - Cardiomyopathy
  - Imspec (I42.9)
  - Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
  - Poor exercise tolerance (R53.83)
  - Pre-op risk assessment (Z01.818)
  - Other: \_\_\_\_\_
- MUGA Scan (78472) (Please Circle Indication)**
  - Cardiomyopathy (I42.9)
  - CAD (I25.10)
  - Angina (I20.9) or chest pain (R07.89)
  - Hypertension (I10)
  - Other: \_\_\_\_\_

**Electrophysiology/Rhythm (Please Circle Indication)**

- Holter Monitor (93224)**     **24 Hour**     **48 Hour**  
 (Mailing to Patient) (Continuous recording for short term monitoring)
- Event Monitor (93268) Days**     **7**     **14**     **21**     **30**  
 (Dual monitoring / Event triggered/ Patient activates when symptomatic)
- Mobile Telemetry (MCOT) Days**     **7**     **14**     **21**     **30**  
 (93228) (93229)  
 (MCOT ePatch/ Continuous monitoring/ Patient activates when symptomatic)
  - Palpitations (R00.2)
  - Dizziness (R42)
  - Syncope (R55)
  - Angina (I20.9) or chest pain (R07.89)
  - Arrhythmia (Tachycardia R00.0, Bradycardia R00.1) (I47, I49)

**Allow monitor tech to change based on insurance authorization**

**Vascular Studies (Please Circle Indication)**

- Carotid Artery Ultrasound (93880)**
  - Dizziness (R42)
  - Syncope (R55)
  - Carotid artery disease (I65.29)
  - History of TIA (G45.9) CVA (I63.9)
  - Subclavian stenosis (I87.1)
  - Bruit (R09.89)
  - History of CEA (Z98.89)
  - History of carotid stent (Z95.5)
  - Pre-op risk assessment
  - Other: \_\_\_\_\_

**\*Renal Artery Ultrasound (93975)**

- Renal artery stenosis (I70.1)
  - Chronic kidney disease (N18.9)
  - History of renal artery stenting (Z95.82X)
  - Acute renal insufficiency (N28.9)
- Renal atrophy (N26.1)
  - Flash pulmonary edema (J81.0)
  - Hypertension (I10)
  - Pre-op risk assessment (Z01.818)
  - Other: \_\_\_\_\_

**ABI/PVR (93922)**     **Resting Only**     **With Exercise**

- Leg pain (M79.60X)
  - Known PAD (I73.9)
  - History of stent (Z95.820)
- History of bypass (I70.3X)
  - Ulcer (I70.23-25)
  - Other: \_\_\_\_\_

**Lower Extremity (Arterial) Duplex (93925)**

- Left**     **Right**     **Bilateral**
  - Leg pain (M79.60X)
  - Known PAD (I73.9)
  - History of stent (Z95.820)
  - History of bypass (I70.3X)
  - Ulcer (I70.23-25)
  - Other: \_\_\_\_\_

**\*AAA Screening (G0389)**

- Abdominal aortic aneurysm (I71.1-4)
- Meets screening criteria: 1) Smoked more than 100 cigs in lifetime 2) Family History of AAA
- Other: \_\_\_\_\_

**\*These tests require advanced patient prep. (See other side)**

# Welcome to Winchester Cardiology and Vascular Medicine's *Cardiovascular Imaging Center.* Below are prep instructions.

## ★ Nuclear and Treadmill Prep Instructions

- **DO NOT EAT 4 HOURS PRIOR** to the test. You may have water or juice.
- **ABSOLUTELY NO CAFFEINE 12 HOURS BEFORE THE TEST.** This includes coffee, tea, sodas, decaf drinks and chocolate. You may have water, milk, or juice.
- **NO TOBACCO PRODUCTS 8 HOURS PRIOR** to the test.
- **Wear** loose, **comfortable clothing** and rubber soled **walking shoes**.
- **Beta Blockers** should be **held for 24 hours for EXERCISE stress testing**, unless otherwise instructed by your physician. If you hold medications, bring with you to testing. All other medications can be taken.  
**Beta Blockers** include (brand/generic):

Atenolol/Tenormin	Metoprolol/Lopressor/Toprol	Coreg/ Carvedilol
Inderal/Propranolol	Bystolic/ Nebivolol	Zebeta/Bisoprolol
Blocadren/Timolol	Corgard/Nadolol	Trandate/Labetalol

## ★ Stress Echo Prep Instructions

- **DO NOT EAT 2 HOURS PRIOR** to the test. You may have water or juice.
- **REASONABLE AMOUNT (1 CUP) OF CAFFEINE** is acceptable **2 HOURS** prior to test.
- **NO TOBACCO PRODUCTS 8 HOURS PRIOR** to the test.
- **Wear** loose, **comfortable clothing** and rubber soled **walking shoes**.
- **Beta Blockers** should be **held for 24 hours for EXERCISE stress testing**, unless otherwise instructed by your physician. If you hold medications, bring with you to testing. All other medications can be taken.  
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Blocadren/Timolol	Corgard/Nadolol	Trandate/Labetalol

## Renal Artery Ultrasound and AAA Prep Instructions

1. **Fast 6 hours prior. No food or drink 6 hours prior to test.**
2. Avoid carbonated beverages the day before your scheduled exam.
3. Take all prescribed medications with a small amount of **WATER** only.
4. Do not chew gum on the day of your exam.

WCVM is located on the **Winchester Medical Center Campus**, at the Valley Health Heart and Vascular Building. If parking in Orange Lot E, enter at the Heart and Vascular entrance. If parking in Blue Lot D, use the Cardiac & Pulmonary Rehabilitation entrance.

