



Miami Cardiac & Vascular Institute

BAPTIST HEALTH SOUTH FLORIDA

To schedule an appointment:
(786) 573-6000 Patients
(786) 573-6001 Physicians

- Baptist Hospital
- Doctors Hospital
- Homestead Hospital
- Mariners Hospital
- South Miami Hospital
- West Kendall Baptist Hospital

Patient's Name: _____ DOB: _____ Age: _____ Appointment Date/Time: _____

Insurance Name: _____ Policy #: _____ Group #: _____ Authorization #: _____

FOR ORDERING PROVIDERS: Please indicate the appropriate exam(s) for your patient and fill out this section. Federal regulations require that only the tests that are necessary for diagnosis and treatment of a patient's condition be ordered. EACH TEST ordered requires a diagnosis to support medical necessity.

Physician's Name: _____ Signature: _____ Phone: _____ Fax: _____

<input type="checkbox"/> Carotid Duplex Sonography - Complete	93880	<input type="checkbox"/> Venous Duplex Lower Extremity - Bilateral	93970
<input type="checkbox"/> with IMT Protocol		<input type="checkbox"/> with Reflux Protocol	
<input type="checkbox"/> with Temporal Arteritis Protocol		<input type="checkbox"/> Pulmonary embolism	I26
<input type="checkbox"/> Vertebro-basilar artery syndrome	G45.0	<input type="checkbox"/> Thrombophlebitis of superficial vessels, right lower extremity	I80.01
<input type="checkbox"/> Amaurosis fugax	G45.3	<input type="checkbox"/> Thrombophlebitis of superficial vessels, left lower extremity	I80.02
<input type="checkbox"/> Transient cerebral ischemic attack, unspecified	G45.9	<input type="checkbox"/> Thrombophlebitis of superficial vessels, bilateral	I80.03
<input type="checkbox"/> Transient Visual Disturbance, right eye	H53.121	<input type="checkbox"/> Thrombophlebitis of deep vessels, right lower extremity	I80.201
<input type="checkbox"/> Transient Visual Disturbance, left eye	H53.122	<input type="checkbox"/> Thrombophlebitis of deep vessels, left lower extremity	I80.202
<input type="checkbox"/> CVA due to occlusion or stenosis of right carotid arteries	I63.231	<input type="checkbox"/> Thrombophlebitis of deep vessels, bilateral	I80.203
<input type="checkbox"/> CVA due to occlusion or stenosis of left carotid arteries	I63.232	<input type="checkbox"/> Varicose veins of lower extremities with inflammation	I83.1
<input type="checkbox"/> Occlusion and stenosis of right carotid artery	I65.21	<input type="checkbox"/> Varicose veins of lower extremities with both ulcer and inflammation	I83.2
<input type="checkbox"/> Occlusion and stenosis of left carotid artery	I65.22	<input type="checkbox"/> Varicose veins of lower extremities with pain	I83.81
<input type="checkbox"/> Occlusion and stenosis of bilateral carotid arteries	I65.23	<input type="checkbox"/> Post-thrombotic syndrome with ulcer	I87.01
<input type="checkbox"/> Occlusion and stenosis of unspecified carotid artery	I65.29	<input type="checkbox"/> Post-thrombotic syndrome with inflammation	I87.02
<input type="checkbox"/> Aneurysm of carotid artery	I72.0	<input type="checkbox"/> Post-thrombotic syndrome with ulcer and inflammation	I87.03
<input type="checkbox"/> Dissection of carotid artery	I77.71	<input type="checkbox"/> Venous insufficiency (chronic) (peripheral)	I87.2
<input type="checkbox"/> Dissection of vertebral artery	I77.74	<input type="checkbox"/> Lymphedema, not elsewhere classified	I89.0
<input type="checkbox"/> Giant cell arteritis with polymyalgia rheumatica	M31.5	<input type="checkbox"/> Pain in right leg	M79.604
<input type="checkbox"/> Localized swelling, mass and lump, neck	R22.1*	<input type="checkbox"/> Pain in left leg	M79.605
<input type="checkbox"/> Syncope and collapse	R55	<input type="checkbox"/> Chest pain, unspecified	R07.9
<input type="checkbox"/> Injury of carotid artery of neck	S15.001A	<input type="checkbox"/> Localized edema	R60.0
<input type="checkbox"/> Pre-procedural examination	Z01.818	<input type="checkbox"/> Injury of femoral vein at hip and thigh level, right leg	S75.101
<input type="checkbox"/> Post-Procedure examination	Z09	<input type="checkbox"/> Injury of femoral vein at hip and thigh level, left leg	S75.102
<input type="checkbox"/> Other:		<input type="checkbox"/> Injury of blood vessels at lower leg level	S85
<input type="checkbox"/> Transcranial Duplex - Complete	93886	<input type="checkbox"/> Pre-procedural examination	Z01.818
<input type="checkbox"/> Transcranial Duplex - w Bubble Study	93893	<input type="checkbox"/> Post-procedure examination	Z09
<input type="checkbox"/> Vertebro-basilar artery syndrome	G45.0	<input type="checkbox"/> Other:	
<input type="checkbox"/> Brain death	G93.82	<input type="checkbox"/> Venous Duplex- Vena Cava/Iliac Complete	93978
<input type="checkbox"/> Non-traumatic subarachnoid hemorrhage from other intracranial arteries	I60.6	<input type="checkbox"/> Thrombophlebitis of iliac vein, right	I80.211
<input type="checkbox"/> CVA due to thrombosis of right vertebral artery	I63.011	<input type="checkbox"/> Thrombophlebitis of iliac vein, left	I80.212
<input type="checkbox"/> CVA due to thrombosis of left vertebral artery	I63.012	<input type="checkbox"/> Thrombophlebitis of iliac vein, bilateral	I80.213
<input type="checkbox"/> CVA due to thrombosis of basilar artery	I63.02	<input type="checkbox"/> Acute embolism and thrombosis of inferior vena cava	I82.220
<input type="checkbox"/> Occlusion and stenosis of right carotid artery	I65.21	<input type="checkbox"/> Chronic embolism and thrombosis of inferior vena cava	I82.221
<input type="checkbox"/> Occlusion and stenosis of left carotid artery	I65.22	<input type="checkbox"/> Pain in right leg	M79.604
<input type="checkbox"/> Occlusion and stenosis of bilateral carotid arteries	I65.23	<input type="checkbox"/> Pain in left leg	M79.605
<input type="checkbox"/> Occlusion and stenosis of unspecified carotid artery	I65.29	<input type="checkbox"/> Localized edema	R60.0
<input type="checkbox"/> Arteriovenous malformation of cerebral vessels	Q28.2	<input type="checkbox"/> Injury of iliac vein, right	S35.514A
<input type="checkbox"/> Other:		<input type="checkbox"/> Injury of iliac vein, left	S35.515A
<input type="checkbox"/> Penile Arterial Physiological Testing - Complete	54240	<input type="checkbox"/> Other:	
<input type="checkbox"/> Male erectile disorder	F52.21	<input type="checkbox"/> Venous Duplex Upper Extremity - Bilateral	93970
<input type="checkbox"/> Penile Cavemous Injection	54235	<input type="checkbox"/> Pulmonary embolism	I26
<input type="checkbox"/> Priapism due to trauma	N48.31	<input type="checkbox"/> Thrombophlebitis of superficial vessels bilateral	I80.03
<input type="checkbox"/> Priapism drug-induced	N48.33	<input type="checkbox"/> Thrombophlebitis of unspecified deep vessels bilateral	I80.203
<input type="checkbox"/> Combined arterial insufficiency & corporo-venous occlusive erectile dysfunction	N52.03	<input type="checkbox"/> Lymphedema	I89.0
<input type="checkbox"/> Other:		<input type="checkbox"/> Localized edema	R60.0
		<input type="checkbox"/> Pain in right arm	M79.601
		<input type="checkbox"/> Pain in left arm	M79.602
		<input type="checkbox"/> Chest pain, unspecified	R07.9
		<input type="checkbox"/> injury of blood vessel at shoulder and upper arm level	S45.909
		<input type="checkbox"/> injury of blood vessels at forearm level	S55.809
		<input type="checkbox"/> Pre-procedural examination	Z01.818
		<input type="checkbox"/> Post-procedure examination	Z09
		<input type="checkbox"/> Other:	

REGISTRATION

You have been asked to arrive at least 30 minutes prior to your exam so there is ample time for you to complete the registration process. During this time, registration staff will ask you to review and sign several important documents. Any applicable co-payments will also be collected. If you arrive late, or do not arrive in time to complete the registration process, you may experience delays in your appointment. You must bring this order form, a photo ID and your insurance card with you on the day of your test. You cannot be registered without them.

MEDICATIONS

Please bring with you a complete list of all medications that you are taking. Please include: prescription medications, over-the-counter medications such as aspirin and antacids, vitamins, minerals, herbs, diet pills, dietary supplements, and natural/organic products. Women should also include birth control pills and hormones.

ARTERIAL EVALUATIONS

The Arterial Lower Extremity Protocol consists of three (3) tests that are performed based on findings:

1. Pulse Volume Recordings (PVR)
2. Arterial Duplex Lower Extremity Performed if the PVR's Ankle/Brachial Index is abnormal, or if there is a previous surgery or interventional vascular procedure.
3. Arterial Duplex Aorto-iliac Performed if a Common Femoral Artery waveform in the Arterial Duplex Lower Extremity is abnormal, or if there is a previous surgery or interventional vascular procedure.

For Arterial Lower Extremity Protocol, please check all three (3) tests below with the three (3) concomitant appropriate diagnosis.

<input type="checkbox"/> Arterial PVR Lower Extremity with Exercise (includes PVR, Pressures, ABI, PPG)	93924	<input type="checkbox"/> Arterial Upper Extremities at Rest (includes PVR, Pressures, PPG)	93923
<input type="checkbox"/> Atherosclerosis of aorta	I70.0	<input type="checkbox"/> Arterial Upper Extremities w/TOS Maneuvers (w/ PVR, Pressures, PPG)	93924
<input type="checkbox"/> Atherosclerosis of arteries, right leg	I70.201	<input type="checkbox"/> Atherosclerosis of aorta	I70.0
<input type="checkbox"/> Atherosclerosis of arteries, left leg	I70.202	<input type="checkbox"/> Atherosclerosis of native arteries of extremities other extremity	I70.208
<input type="checkbox"/> Atherosclerosis arteries, bilateral legs	I70.203	<input type="checkbox"/> Extremity gangrene	I70.268
<input type="checkbox"/> Intermittent claudication, right leg	I70.211	<input type="checkbox"/> Dissection of thoracoabdominal aorta	I71.03
<input type="checkbox"/> Intermittent claudication, left leg	I70.212	<input type="checkbox"/> Aneurysm of artery of upper extremity	I72.1
<input type="checkbox"/> Rest pain, right leg	I70.221	<input type="checkbox"/> Raynaud's syndrome without gangrene	I73.00
<input type="checkbox"/> Rest pain, left leg	I70.222	<input type="checkbox"/> Raynaud's syndrome with gangrene	I73.01
<input type="checkbox"/> Rest pain, bilateral legs	I70.223	<input type="checkbox"/> Buerger's disease	I73.1
<input type="checkbox"/> Ulceration of calf, right leg	I70.232	<input type="checkbox"/> Peripheral vascular disease	I73.9
<input type="checkbox"/> Ulceration of ankle, right leg	I70.233	<input type="checkbox"/> Embolism and thrombosis of arteries of the upper extremities	I74.2
<input type="checkbox"/> Ulceration of other part of foot, right leg	I70.235	<input type="checkbox"/> Post-procedural hematoma	I97.638
<input type="checkbox"/> Ulceration of calf, left leg	I70.242	<input type="checkbox"/> Injury of blood vessels at shoulder and upper arm level, right arm	S45.891A
<input type="checkbox"/> Ulceration of ankle, left leg	I70.243	<input type="checkbox"/> Injury of blood vessels at shoulder and upper arm level, left arm	S45.892A
<input type="checkbox"/> Ulceration of other part of foot, left leg	I70.245	<input type="checkbox"/> Injury of blood vessels at forearm level, right arm	S55.891A
<input type="checkbox"/> Gangrene, right leg	I70.261	<input type="checkbox"/> Injury of blood vessels at forearm level, left arm	S55.892A
<input type="checkbox"/> Gangrene, left leg	I70.262	<input type="checkbox"/> Other:	
<input type="checkbox"/> Gangrene, bilateral legs	I70.263	<input type="checkbox"/> Arterial Duplex Upper Extremity - Bilateral	93930
<input type="checkbox"/> Dissection of thoracoabdominal aorta	I71.03	<input type="checkbox"/> Atherosclerosis of aorta	I70.0
<input type="checkbox"/> Dissection of artery of lower extremity	I77.77	<input type="checkbox"/> Atherosclerosis of extremity arteries	I70.208
<input type="checkbox"/> Aneurysm of artery of lower extremity	I72.4	<input type="checkbox"/> Atherosclerosis of extremity arteries with gangrene	I70.268
<input type="checkbox"/> Raynaud's syndrome without gangrene	I73.00	<input type="checkbox"/> Dissection of thoracoabdominal aorta	I71.03
<input type="checkbox"/> Raynaud's syndrome with gangrene	I73.01	<input type="checkbox"/> Aneurysm of artery of upper extremity	I72.1
<input type="checkbox"/> Buerger's disease	I73.1	<input type="checkbox"/> Raynaud's syndrome without gangrene	I73.00
<input type="checkbox"/> Peripheral vascular disease	I73.9	<input type="checkbox"/> Raynaud's syndrome with gangrene	I73.01
<input type="checkbox"/> Embolism and thrombosis of arteries of the lower extremities	I74.3	<input type="checkbox"/> Buerger's disease	I73.1
<input type="checkbox"/> Post-procedural hematoma	I97.638	<input type="checkbox"/> Peripheral vascular disease	I73.9
<input type="checkbox"/> Injury of blood vessels, right leg	S85.801A	<input type="checkbox"/> Embolism and thrombosis of arteries of the upper extremities	I74.2
<input type="checkbox"/> Injury of blood vessels, left leg	S85.802A	<input type="checkbox"/> Post-procedural hematoma	I97.638
<input type="checkbox"/> Other:		<input type="checkbox"/> Injury of blood vessels at shoulder and upper arm level, right arm	S45.891A
<input type="checkbox"/> Arterial Duplex Lower Extremity - Bilateral	93925	<input type="checkbox"/> Injury of blood vessels at shoulder and upper arm level, left arm	S45.892A
<input type="checkbox"/> Intermittent claudication right leg	I70.211	<input type="checkbox"/> Injury of blood vessels at forearm level, right arm,	S55.891A
<input type="checkbox"/> Intermittent claudication left leg	I70.212	<input type="checkbox"/> Injury of blood vessels at forearm level, left arm	S55.892A
<input type="checkbox"/> Intermittent claudication bilateral legs	I70.213	<input type="checkbox"/> Other:	
<input type="checkbox"/> Rest pain right leg	I70.221	<input type="checkbox"/> Renal Artery/Vein Duplex Complete	93975
<input type="checkbox"/> Rest pain left leg	I70.222	<input type="checkbox"/> Essential (primary) hypertension	I10
<input type="checkbox"/> Rest pain bilateral legs	I70.223	<input type="checkbox"/> Hypertensive chronic kidney disease with stage 1 through stage 4	I12.9
<input type="checkbox"/> Ulceration of calf, right leg	I70.232	<input type="checkbox"/> Hypertensive chronic kidney disease with end stage 5 renal disease	I12.0
<input type="checkbox"/> Ulceration of ankle, right leg	I70.233	<input type="checkbox"/> Atherosclerosis of renal artery	I70.1
<input type="checkbox"/> Ulceration of other part of foot, right leg	I70.235	<input type="checkbox"/> Dissection of abdominal aorta	I71.02
<input type="checkbox"/> Ulceration of calf, left leg	I70.242	<input type="checkbox"/> Abdominal aortic aneurysm, without rupture	I71.4
<input type="checkbox"/> Ulceration of ankle, left leg	I70.243	<input type="checkbox"/> Aneurysm of renal artery	I72.2
<input type="checkbox"/> Ulceration of other part of foot, left leg	I70.245	<input type="checkbox"/> Embolism and thrombosis of thoracic aorta	I74.11
<input type="checkbox"/> Gangrene right leg	I70.261	<input type="checkbox"/> Acute embolism and thrombosis of inferior vena cava	I82.220
<input type="checkbox"/> Gangrene left leg	I70.262	<input type="checkbox"/> Embolism and thrombosis of renal vein	I82.3
<input type="checkbox"/> Gangrene bilateral legs	I70.263	<input type="checkbox"/> Ischemia and infarction of kidney	N28.0
<input type="checkbox"/> Aneurysm of artery of lower extremity	I72.4	<input type="checkbox"/> Kidney transplant status	Z94.0
<input type="checkbox"/> Buerger's disease	I73.1	<input type="checkbox"/> Injury of left renal artery	S35.402A
<input type="checkbox"/> Peripheral vascular disease, unspecified	I73.9	<input type="checkbox"/> Injury of left renal vein	S35.405A
<input type="checkbox"/> Embolism and thrombosis of arteries of the lower extremities	I74.3	<input type="checkbox"/> Injury of right renal artery	S35.401A
<input type="checkbox"/> Injury of blood vessels, right leg	S85.801	<input type="checkbox"/> Injury of right renal vein	S35.404A
<input type="checkbox"/> Injury of blood vessels, left leg	S85.802	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:		<input type="checkbox"/> Celiac/Mesenteric Duplex Complete	93975
<input type="checkbox"/> Arterial Duplex Aorto-Iliac - Complete	93978	<input type="checkbox"/> Dissection of abdominal aorta	I71.00
<input type="checkbox"/> Intermittent claudication, right leg	I70.211	<input type="checkbox"/> Abdominal aortic aneurysm, without rupture	I71.03
<input type="checkbox"/> Intermittent claudication, left leg	I70.212	<input type="checkbox"/> Thoracoabdominal aortic aneurysm, without rupture	I71.2
<input type="checkbox"/> Intermittent claudication, bilateral legs	I70.213	<input type="checkbox"/> Generalized abdominal pain	R10.84
<input type="checkbox"/> Dissection of abdominal aorta	I71.02	<input type="checkbox"/> Abnormal weight loss	R63.4
<input type="checkbox"/> Dissection of thoracoabdominal aorta	I71.03	<input type="checkbox"/> Other:	
<input type="checkbox"/> Abdominal aortic aneurysm, without rupture	I71.4	<input type="checkbox"/> Portal/Hepatic Veins Duplex	93975
<input type="checkbox"/> Aneurysm of iliac artery	I72.3	<input type="checkbox"/> Portal vein thrombosis	I81
<input type="checkbox"/> Generalized abdominal pain	R10.84	<input type="checkbox"/> Esophageal varices without bleeding	I85.00
<input type="checkbox"/> Other:		<input type="checkbox"/> Esophageal varices with bleeding	I85.01
<input type="checkbox"/> Hemodialysis Access Pre-Op Vessel Mapping	G0365	<input type="checkbox"/> Portal hypertension	K76.6
<input type="checkbox"/> End stage renal disease	N18.6	<input type="checkbox"/> Generalized abdominal pain	R10.84
<input type="checkbox"/> Other:		<input type="checkbox"/> Hepatomegaly	R16.0
		<input type="checkbox"/> Splenomegaly	R16.1
		<input type="checkbox"/> Ascites	R18.8
		<input type="checkbox"/> Other:	