

Outpatient Cardiac Testing

Fax to Centralized Scheduling at (606) 408-6816
or call 1-877-304-1935

KING'S DAUGHTERS

*Patient Name: _____ *Date of Order: _____
 *Date of Birth: _____ **Precertification Number: _____
 Social Security Number: _____ *Primary Diagnosis Code: _____
 *Home Phone: _____ Other Diagnosis Codes: _____
 *Cell/Alternate Phone: _____ *Appointment Needed by: _____
 *Ordering Provider (print): _____
 *Ordering Provider (signature): _____

* - Indicates required field per CMS guidelines and KDMC policy. Diagnoses must pass medical necessity before the patient's appointment can be scheduled.

** - Our team can assist with insurance pre-certification. Please call (606) 408-9236 for assistance.

Non-Invasive Cardiology

CPT	Description	Order #
<input type="checkbox"/> 93306	Echo, 2D Complete	ECH10
<input type="checkbox"/> 93306	Echo 3D Complete (Bubble Study)	ECH19
	76377	
<input type="checkbox"/> 93306	Echo, 2D Complete Pediatric.....	ECH73
<input type="checkbox"/> 93308	Echo, 2D Limited/Follow Up.....	ECH71
<input type="checkbox"/> 93350	Echo Stress Pharmacologic (Dobutamine).....	ECH06
	93016	
	93018	
<input type="checkbox"/> 93350	Echo Stress Exercise	ECH07
	93016	
	93018	
<input type="checkbox"/> 93880	Carotid Duplex.....	ECH63
<input type="checkbox"/> 93931	LT Art Doppler L ARM.....	ECH21
<input type="checkbox"/> 93931	RT Art Doppler R ARM.....	ECH22
<input type="checkbox"/> 93930	Art Doppler Both Arms.....	ECH23
<input type="checkbox"/> 93926	LT Art Doppler L LEG	ECH24
<input type="checkbox"/> 93926	RT Art Doppler R LEG	ECH25
<input type="checkbox"/> 93925	Art Doppler Both Legs.....	ECH26
<input type="checkbox"/> 93922	ABI	NUR15
<input type="checkbox"/> Other	_____	

Nuclear Medicine Cardiology

<input type="checkbox"/> 78452	Stress test/Myoview Imaging	STRO1/STRO4
	93017	
	78452	Stress test/Myoview Imag-Pharmacologic...STRO2/STRO4
	93017	
<input type="checkbox"/> 78472	MUGA.....	IMG2107
<input type="checkbox"/> 93017	Exercise EKG (No Nuc Imaging).....	STR03
<input type="checkbox"/> Other	_____	

Electrocardiology

<input type="checkbox"/> 93005	EKG	EKG01
<input type="checkbox"/> 93005	EKG-Pediatric	EKG02
<input type="checkbox"/> 93225	Holter Monitor 24 Hours	EKG04
	93226	
<input type="checkbox"/> 93225	Holter Monitor 48 Hours	EKG05
	93226	
<input type="checkbox"/> 93225	Holter Monitor Pediatric 24 Hours	EKG20
	93226	
<input type="checkbox"/> 93225	Holter Monitor Pediatric 48 Hours	EKG21
<input type="checkbox"/> 93228	Event Monitor-Up to 30 days.....	EKG06
<input type="checkbox"/> Other	_____	

CV Procedures

CPT	Description	Order #
<input type="checkbox"/> 92960	Cardioversion/External.....	EP7
<input type="checkbox"/> 93312	TEE	ECH01
<input type="checkbox"/> 93660	Tilt Table	EP2
<input type="checkbox"/> Other	_____	

Advanced Cardiovascular Imaging

COMPUTED TOMOGRAPHY

<input type="checkbox"/> 75635	CTA Aorta w R/O.....	IMG2085
<input type="checkbox"/> 75574	CT Angiogram Coronary	IMG253

MAGNETIC RESONANCE IMAGING

<input type="checkbox"/> 75557	CMR W/O CONTRAST W VFM.....	IMG9526
	75565	
<input type="checkbox"/> 75561	CMR W & W/O CONTRAST W VFM	IMG9523
	75565	
<input type="checkbox"/> 75563	Stress CMR W & WO Contrast; W VFM	IMG9524
	75565	
<input type="checkbox"/> 71555	MRA Aorta (Chest) W & WO Contrast.....	IMG1914
<input type="checkbox"/> Other	_____	

Testing Locations

- KDMC, Ashland - All services available

Services at outreach locations vary. Please verify availability with Centralized Scheduling by calling 1-877-304-1935.

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Grayson | <input type="checkbox"/> Ironton |
| <input type="checkbox"/> Inez | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Prestonsburg | <input type="checkbox"/> Portsmouth |
| <input type="checkbox"/> Vanceburg | |

Cardiology Consult

You have been scheduled with:

_____ at _____

on _____

If unable to keep this appointment, please call 1-844-324-2200