

NEW MEXICO HEART INSTITUTE CARDIOLOGY REFERRAL FORM



ABQ/Socorro/Los Lunas
 502 Elm Street NE
 Albuquerque, NM 87102
 (505) 843-2544 Physician Line
 (800) 715-6644 Toll Free
 (505) 843-2592 Fax

Santa Fe/ Española/Raton
 2085 Pacheco Street
 Santa Fe, NM 87505
 (505) 984-8012 Main Number
 (800) 262-8012 Toll Free
 (505) 424-9193 Fax
 (505) 216-3511 Fax

Albuquerque West Side
 4824 McMahon NW, Suite 109
 (505) 792-1137 Main Number
 (505) 792-1140 Fax
Roswell Office
 2890 Wilshire Blvd, Roswell, NM 88201
 (575) 623-2836 Main Number
 (575) 623-2841 Fax

Patient:	Date of Birth:	Patient Phone:
Requesting Provider:	Requesting Provider Phone:	Patient Insurance:
Date and Time Scheduled at NMHI (if known):		Current/Scheduled NMHI Physician:

Reason for Requested Services (Diagnosis/Symptom) & Comments:

PROCEDURES ARE SUBJECT TO MEDICAL NECESSITY REVIEW AND MAY REQUIRE PRIOR AUTHORIZATION
 PLEASE FAX ALL REFERRAL/PA INFO TO APPROPRIATE LOCATION FAX NUMBER LISTED ABOVE

INSTRUCTIONS: Check Box for Service Requested and Circle Indication/Reason for the Service/Test

<p>Consultation (99201-99205)</p> <p><input type="checkbox"/> Surgery</p> <ul style="list-style-type: none"> • Pre-Op Surgical • Vascular and Vein Surgery • Cardiothoracic Surgery • Other _____ <p><input type="checkbox"/> Physician Services</p> <ul style="list-style-type: none"> • Cardiology (Medicine) • Cardiology (Invasive) w/Procedure • Electrophysiology • Chronic Care Mgmt/CV Problem • Periodic F/U Established Patient <p><input type="checkbox"/> EKG w/ Interpretation (93000, 93010)</p> <p>Echocardiogram (Please Circle Indication)</p> <p><input type="checkbox"/> Transthoracic (TTE) (93306-93308)</p> <p><input type="checkbox"/> Stress Echo (93350-93351)</p> <ul style="list-style-type: none"> • CHF (428.0-9) • Angina (413.9) • Cardiomyopathy (425.4) • Ischemic Heart Disease (414.00-90) • Valvular Heart Disease (424.0-3) • Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9) • Other _____ <p><input type="checkbox"/> Transesophageal (TEE) (93312-93318)</p> <ul style="list-style-type: none"> • Valvular Heart Disease (424.0-3) • Acute Endocarditis (421.9) • Atrial fibrillation and flutter (427.31 and 427.32) • Other _____ <p>Stress Testing (Please Circle Indication)</p> <p><input type="checkbox"/> Standard Walking Treadmill (93015-93018)</p> <ul style="list-style-type: none"> • Chest Pain (786.50) • Ischemic Heart Disease (414.00-90) • Cardiomyopathy (425.4) • Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9) • Other _____ <p>Nuclear Testing (Please Circle Indication)</p> <p><input type="checkbox"/> Walking Nuclear Stress (78451-78454)</p> <p><input type="checkbox"/> Pharmacologic Nuclear Stress (78451-78454 +Nuclear Drugs)</p> <ul style="list-style-type: none"> • Angina or CAD (413.9 or 414.00-90) • Ischemic Heart Disease (414.00-90) • Myocardial Infarction (410.00-92) • Chest Pain suggestive of CAD (786.50-59) • Patient not Ambulatory (Explain): <p>_____</p> <ul style="list-style-type: none"> • Abnormal Pre-Stress Testing (EKG/Echo) list findings: <p>_____</p>	<p><input type="checkbox"/> CT Scan (70450-74175)</p> <ul style="list-style-type: none"> • Calcium Score (75571) • Coronary Angiography (75572-75574) • Vascular Angiography (73706, 73206) • MUGA (78472-78473) • Other _____ <p>Electrophysiology/Rhythm (Please Circle Indication)</p> <p><input type="checkbox"/> Holter Monitor (93224-93227)</p> <p><input type="checkbox"/> Real Time ECG Recording (93228)</p> <ul style="list-style-type: none"> • Cardiac Dysrhythmia (427.9) • Arrhythmias (427.0-9) with documented CAD <p><input type="checkbox"/> Event Recorder (93268-93272)</p> <ul style="list-style-type: none"> • Transient Arrhythmias (427.0-89) • Unexplained Syncope and/or dizziness (780.2 or 780.4) <p><input type="checkbox"/> Tilt Table (for syncope only) (93660)</p> <p><input type="checkbox"/> Pacemaker/Defibrillator Device Check (93279-93298)</p> <p>Vascular Studies (Please Circle Indication)</p> <p><input type="checkbox"/> Renal Artery Ultrasound (93975)</p> <p><input type="checkbox"/> Carotid Doppler (93880)</p> <ul style="list-style-type: none"> • Blunt Neck Trauma • Cervical Bruits (785.9) • Amaurosis Fugax (362.10-84) • Pulsatile Neck Masses(784.2) • Symptoms of Stroke (434.00-91) • Subclavian Steal Syndrome (435.2) • Pre-Op Eval for Lower Extremity Surgery** (V72.81) <p align="center">**(2ndary dx of Ischemic Heart Disease required (414.00-90))</p> <p><input type="checkbox"/> Extremity (Venous) (93970)</p> <ul style="list-style-type: none"> • Chronic Venous Insufficiency (454.0-8 and 459.10-39) • DVT (453.2-89) • Pre-Op Vein Mapping <p><input type="checkbox"/> Upper Extremity (Arterial) (93930)</p> <p><input type="checkbox"/> Lower Extremity (Arterial) (93925)</p> <p><input type="checkbox"/> ABI (93922)</p> <ul style="list-style-type: none"> • Limb Ischemia (443.0-9) • Rest Pain • Evidence of Thromboembolic Events (444.0-9) • Aneurysmal Disease (442.0-82) • Pre-Op Eval for Lower Extremity Surgery** (V72.81) <p align="center">**(2ndary dx of Ischemic Heart Disease required (414.00-90))</p> <p><input type="checkbox"/> Abdominal Aortic Ultrasound (93978)</p>
--	---