



# THE HEART HOUSE

## Referral - Testing - PreCertification Sheet

- Fax form to The Heart House  
Access Center @ 856-547-5673
- Call Access Center with questions @ 856-546-3007

**WE DO YOUR PRECERTIFICATION**

**Please include: History & Physical, EKG, Recent Labs, Front and Back of Insurance Card**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Phone: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Member ID # \_\_\_\_\_

Referring Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Referral or Test: Office Consult \_\_\_\_\_ Testing \_\_\_\_\_ Cardiac Clearance \_\_\_\_\_

**Referring Doctor Signature** \_\_\_\_\_

**INFO REQUIRED FOR STRESS TEST**

- **History of:**
- \_\_\_ ASHD/CAD - Coronary Artery Disease  
 \_\_\_ MI \_\_\_ CABG \_\_\_ STENT  
 \_\_\_ Tobacco Use (Y/N) \_\_\_ Hyperlipidemia  
 \_\_\_ Diabetes \_\_\_ Hypertension  
 \_\_\_ On BP Meds (Y/N) \_\_\_ Highest BP
- **Indication for Nuclear Stress/Stress Echo (check ≥1)**
- \_\_\_ Chest Pain or SOB - Known coronary artery disease  
 \_\_\_ Chest Pain or SOB - Suspected coronary artery disease  
 \_\_\_ Pre-Op for non-cardiac surgery  
 Please list surgery \_\_\_\_\_  
 \_\_\_ New Diagnosis of CHF or Cardiomyopathy  
 \_\_\_ Screening for coronart artery disease - Asymptomatic patient

EKG/HOLTERS/MUGA	CPT CODE	VASCULAR/ULTRASOUND	CPT CODE	ECHO DOPPLER	CPT CODE
<input type="checkbox"/> EKG	93000	<input type="checkbox"/> AAA Ultrasound	92978	<input type="checkbox"/> Echo Doppler	93306
<input type="checkbox"/> Holter Monitor	93224	<input type="checkbox"/> Carotid Ultrasound	93880		
<input type="checkbox"/> Muga Scan	78472	<input type="checkbox"/> Arterial Duplex	93925		
<input type="checkbox"/> Event Monitor	93268	<input type="checkbox"/> Venous Doppler	93970		
<b># of days</b> _____				<b>VEIN CONSULT</b>	
				<input type="checkbox"/> Vein Consult	

- **Lipid Profile (Must Include For Stress Testing)**
- Total Cholesterol \_\_\_\_\_  
 Triglycerides \_\_\_\_\_  
 HDL Cholesterol \_\_\_\_\_  
 LDL Cholesterol \_\_\_\_\_
- | STRESS TESTING   | CPT CODE     |
|--|--------------|
| <input type="checkbox"/> Regular Stress Treadmill                      | 93015        |
| <input type="checkbox"/> Stress Echocardiogram                         | 93351        |
| <input type="checkbox"/> Treadmill Cardiolute/Thallium Stress          | 78452, 93015 |
| <input type="checkbox"/> Pharmacologic Stress-<br>Persantine/Adenosine | 78452, 93015 |
| <input type="checkbox"/> PET Stress Study                              | 78492        |

DIAGNOSIS	ICD-10 CODES	DIAGNOSIS	ICD-10 CODES	DIAGNOSIS	ICD-10 CODES
<input type="checkbox"/> Abdominal Aortic Aneurysm	I71.4	<input type="checkbox"/> CVA (Stroke)	I63.50	<input type="checkbox"/> PAT -SVT	I47.1
<input type="checkbox"/> Abnormal EKG	R94.31	<input type="checkbox"/> Dizziness, Lightheadedess, Vertigo	R42	<input type="checkbox"/> Pericarditis/Pericardial Effusion	I30.0
<input type="checkbox"/> Angina Pectoris	I20.9	<input type="checkbox"/> Dyspnea	R06.00	<input type="checkbox"/> Peripheral Vascular Disease (PVD)	I70.219
<input type="checkbox"/> Aortic Stenosis/Insufficiency	I35.0	<input type="checkbox"/> Edema	R60.9	<input type="checkbox"/> Premature Atrial Contractions (PAC's)	I49.1
<input type="checkbox"/> ASHD- CAD	I25.10	<input type="checkbox"/> Heart Murmur	R01.1	<input type="checkbox"/> Premature Ventricular Contractions (PVC's)	I49.3
<input type="checkbox"/> Atrial Fibrillation	I48.91	<input type="checkbox"/> Hyperlipidemia	E78.2	<input type="checkbox"/> Shortness of Breath	R06.02
<input type="checkbox"/> Bradycardia	R00.1	<input type="checkbox"/> Hypertensive Heart Disease	I11.9	<input type="checkbox"/> Sick Sinus Syndrome	I49.5
<input type="checkbox"/> Bruit	R09.89	<input type="checkbox"/> IHSS-Hypertrophic CM	I42.2	<input type="checkbox"/> Stroke (CVA)	G45.9
<input type="checkbox"/> Carotid Artery Stenosis	I65.29	<input type="checkbox"/> Mitral Regurgitation	I05.1	<input type="checkbox"/> Syncope	R55
<input type="checkbox"/> Cardiomyopathy	I42.9	<input type="checkbox"/> Mitral Stenosis	I05.0	<input type="checkbox"/> Tachycardia	R00.0
<input type="checkbox"/> Cerebrovascular Disease	I67.9	<input type="checkbox"/> Mitral Valve Prolapse	I34.1	<input type="checkbox"/> Transient Ischemic Attack (TIA)	G45.9
<input type="checkbox"/> Chest Pain - Non Specific	R07.9	<input type="checkbox"/> Murmur	R01.1	<input type="checkbox"/> Unstable Angina	I20.0
<input type="checkbox"/> Congestive Heart Failure	I50.9	<input type="checkbox"/> Obesity	E66.01	<input type="checkbox"/> Ventricular Tachycardia	I47.2
<input type="checkbox"/> Coronary Artery Disease	I25.10	<input type="checkbox"/> Palpitations	R00.2		