



Vascular Ultrasound

200 High Park Avenue
Goshen, Indiana 46526
(574) 364-2819

Hours of Operation Monday - Friday 8 a.m. – 5 p.m.

To Schedule Please Call (574) 364-2400

Fax Order To (574) 364-2410

Appointment Date and Time: _____

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| Patient Name _____ Date of Birth _____ Social Security # _____ Address _____ City _____ State _____ Zip _____ Telephone # _____ Primary Insurance _____ Primary Policy # _____ Group # _____ Secondary Insurance _____ Secondary Policy # _____ Group # _____ | Ordering Physician Signature _____ Ordering Physician _____ Primary Care Physician _____ Send Copy To _____ Fax Results To _____ Diagnosis #1 _____ ICD-10 Code _____ Diagnosis #2 _____ ICD-10 Code _____ Diagnosis #3 _____ ICD-10 Code _____ Diagnosis #4 _____ ICD-10 Code _____ |
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| <p>ABDOMINAL DUPLEX EXAMS- Exam times: 1-2 hrs *Patient must be NPO after midnight</p> <p><input type="checkbox"/> Abdominal Aorta for Aneurysm</p> <p><input type="checkbox"/> Abdominal Aorta Duplex- Including status post EVAR</p> <p><input type="checkbox"/> Liver Duplex</p> <p><input type="checkbox"/> Mesenteric Arterial Duplex (pre & post prandial)</p> <p><input type="checkbox"/> Renal Artery Duplex-include renal anatomic evaluation if not done within the previous 12 months</p> <p><input type="checkbox"/> Carotid Duplex (includes vertebral arteries) 1 hr Always bilateral unless specified</p> | <p>CPT Codes:</p> <p>76775 93978 93975 93976 93975 & 76775 93990-bilateral 93882-limited</p> |
| <p>LOWER EXTREMITY</p> <p><input type="checkbox"/> Screening (PVR's & ABI's with toe pressure) NO DUPLEX SCANNING-Exam time: 1 hr • Exam includes a walking/stress portion-patient should wear comfortable shoes if ambulatory</p> <p><input type="checkbox"/> ABI only - 20 minutes</p> <p><input type="checkbox"/> Duplex/comprehensive Study - (Arterial Mapping)- Exam time: 1 ½ - 3 hrs</p> <p><input type="checkbox"/> Arterial Bypass Graft and/or Stent Evaluation - Exam time: 1 ½ - 3 hrs NPO after midnight if imaging the Iliac arteries Exam includes a walking/stress portion-patient should wear comfortable shoes if ambulatory. Intervention date and procedure(s): _____</p> <p><input type="checkbox"/> Bilateral Iliacs <input type="checkbox"/> Bilateral Legs <input type="checkbox"/> Right Iliac Arteries <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Iliac Arteries <input type="checkbox"/> Left Leg</p> | <p>ABI & PVR:</p> <p>93923-Multi level 93922-Single level 93924-w/treadmill exercise</p> <p>Duplex:</p> <p>93978-Iliac bilat 93979-Iliac unilat 93925-Legs bilat 93926-Legs unilat</p> |
| <p><input type="checkbox"/> Upper Extremity Arterial Screening-Exam time: 1 hr</p> | <p>93923-Multi level 93922-Single level</p> |
| <p><input type="checkbox"/> Upper Extremity Arterial Duplex/Comprehensive- Exam time: 1-2 hrs • Duplex & Doppler Evaluation Check box that applies: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p> | <p>93930-Bilat 93931-Unilat</p> |
| <p><input type="checkbox"/> Raynaud's Evaluation- Exam time: 1-2 hrs • Includes PPG waveforms, digit pressures and post cold submersion temperature evaluation</p> | <p>93740-Single level 93923-Multi-level</p> |
| <p><input type="checkbox"/> Venous Insufficiency Legs- Exam time: 1 hr for each leg Check box that applies: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p> | <p>93970-Bilat 93971-L/R</p> |
| <p><input type="checkbox"/> Vein Mapping- Exam time: 1-2 hrs • Specific vein & extremity to be mapped: _____</p> | <p>93970-Bilat 93971-L/R</p> |
| <p><input type="checkbox"/> Venous Doppler for Deep Vein Thrombosis (DVT)- Exam time: 1-1 ½ hrs Check all that apply: <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg <input type="checkbox"/> Bilat Legs <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/> Bilat Arms</p> | <p>93970-Bilat 93971-L/R</p> |