TEST REQUISITION FORM

Date:_____ Patient:_____DOB:_____ Patient ID#_____

Place of Service:_____

Ordering Dr:_____Interpreting:_____

Exam(s) ordered:_____

Primary indication(s):_____

Special attention to/ Looking for/ Assess:_____

Insurance:_____

Billing Instructions:

___Ordering Dr. bills global

___Ordering Dr. bills TC ___Reading Dr. bills ins. PC

___U/S Co. bills ins. TC ___Reading Dr. bills ins. PC

If U/S Co. and/or Reading Dr. will be responsible for billing insurance for a component, please provide patient demographics and copy of insurance card for each billing party.

	CPT CODE	PROCEDURE DESCRIPTION
❑	93306	Mmode 2D Echocardiogram with Color Flow and Doppler complete.
❑	93351	Echocardiogram Stress
❑	93312	Echocardiogram, Transesophageal
❑	93320-25	PW/CW Doppler and Colorflow
❑	93000	Electrocardiogram Complete
❑	93224	Holter Monitor Complete
❑	93880	Carotid & Vertebral Duplex
❑	93925	Duplex Scan of LE Arteries or Bypass Grafts; Complete Bilateral Study
❑	93926	Duplex Scan of LE Arteries or Bypass Grafts; Unilateral or Limited Study
❑	93930	Duplex Scan of Upper Extremity Arteries or Bypass Grafts; Complete Bilateral Study
❑	93931	Duplex Scan of Upper Extremity Arteries or Bypass Grafts; Unilateral or Limited Study
❑	93970	Extremity Venous Duplex, Reflux; Complete Bilateral Study
❑	93971	Extremity Venous Duplex; Unilateral or Limited Study
❑	93922	Extremity Arterial Single Site (Limited ABI)
❑	93923	Extremity Arterial Multiple Site (Segmental Pressures)
❑	93924	Lower Extremity Arterial (Segmental Pressures) at Rest and Post Exercise
❑	93990	Hemodialysis Shunt
❑	GO365	Hemodialysis Shunt Pre Operative Vessel Mapping
❑	93975	Abdominal Organ Vascular Duplex
❑	GO389	Abdominal Aorta Aneurysm (AAA) Screening
❑	76700	Complete Abdomen
❑	76705	Abdominal Limited - 1 organ
❑	76770	Retroperitoneal Complete (Renal U/S)
❑	76775	Retroperitoneal Limited - 1 organ
❑	76778	Renal Transplant
❑	76536	Head & Neck Ultrasound (Thyroid etc.)
❑	76882	Extremity Echography Non-Vascular
❑	76641	Breast Ultrasound
❑	76856	Pelvic complete (Trans-abdominal)
❑	76857	Pelvic Limited Or Follow-up
❑	76870	Scrotum & Contents
❑	76830	Transvaginal Ultrasound
❑	76805	Pregnant Uterus Complete Maternal/Fetal
❑	76815	Pregnant Uterus Limited
❑	76816	Pregnant Uterus Follow-up or Repeat
❑	76810	Pregnant Uterus Multiple Gestation
❑	_____	_____

Technician:_____ Equipment:_____ Start time:_____ End time:_____

RM RDCS RDMS RVS VQ