HOUSTON Methodist DEBAKEY HEART & VASCULAR CENTER

CARDIOVASCULAR IMAGING OUTPATIENT REQUISITION FORM

HMH2411

Patient Name	**DOB**	**Insured Name**	**Plan Name**
Phone No	**HT**	**ID No**	**Plan Phone No**
SSN (last four numbers)	**WT**	**Group No**	**Auth. No**
Sex: Male ☐ Female ☐	**Indication for Study & ICD10**		
Ordering Physician		**Physician Signature**	
Contact Phone No		**Fax No**	

CARDIAC MRI

☐	CMRI Function Only (limited EF study, no IV contrast)	75557, 75565	☐	CMRI Stroke Eval.	75561, 71555, 75565
☐	CMRI Function & Viability, CHF evaluation	75561, 75565, 71555	☐	CMRI Lung/Heart Transplant Eval.	75561, 71555, 75565
☐	CMRI Valve Assessment	75561, 75565, 71555	☐	CMRI TAVR Planning	75561, 71555, 74185, 72198
☐	CMRI Mass/Tumor Eval.	75561, 75565, 71555	☐	CMRI Iron Overload Assessment	75557
☐	CMRI Pulmonary Vein Ablation Evaluation	75561, 71555, 75565	☐	CMRI for 3D LV or LA Scar Assessment	75561, 75565, 71555
☐	CMRI Anomalous Coronary Evaluation	75561, 71555, 75565	☐	Dynamic MRA Thoracic Aorta w & w/o contrast	71555
☐	MRI Congenital Heart Disease & Shunt Evaluation	75561, 71555, 75565	☐	MRA Abdominal Aorta/ Renal w & w/o contrast	74185
☐	CMRI Pericardial and Heart Evaluation	75561	☐	MRA Pelvis Arterial w & w/o contrast	72198
☐	CMRI RV Dysplasia Evaluation	75561, 75565, 71555	☐	MRA Abd & Pelvis Venous w & w/o contrast	74185, 72198
☐	CMRI Stress Test ***NPO midnight, no caffeine for 24hrs***	75563, 75565	☐	MRA Lower Extremity Venous w & w/o contrast	73725-LT, 73725-RT
☐	CMRI Hypertrophic Cardiomyopathy Eval. for stress perfusion and scar assessment	75563, 75565	☐	MRA Abdomen Pelvis & Lower Extremity Runoff arterial w & w/o contrast	74185, 72198, 73725-LT, 73725-RT
☐	CMRI and Dynamic MRA Thoracic Aorta w & w/o contrast	75561, 71555, 75565	☐	MRV SVC/ Central Venous Imaging Protocol	71555, 70549, 73225-LT, 73225-RT

**** Patients with CLAUSTROPHOBIA who may receive medication for sedation MUST bring a driver ****

**** PATIENTS CAN NOT HAVE MRI IF THEY HAVE ANY OF THE LISTED IMPLANTS WHICH REPRESENTS MAJOR CONTRAINDICATION TO MRI ****

Pacemaker or Defibrillator	**YES ☐**	**NO ☐**	**Deep Brain Stimulators/Vagal Stimulators**	**YES ☐**	**NO ☐**
Cochlear Implant	**YES ☐**	**NO ☐**	**PILL Cam within last 30 days or Gastric Reflux Device**	**YES ☐**	**NO ☐**
Infusion Pumps (e.g. Insulin Pump)	**YES ☐**	**NO ☐**	**Metallic Foreign Body in the Eye or "Triggerfish" Contact Lens**	**YES ☐**	**NO ☐**

SPECIAL CONSIDERATIONS:

CEREBRAL ANEURYSM CLIPS: Need to obtain written documentation regarding specific type of clips, location, etc from neurosurgeon or hospital. Please fax to **713.791.5075**

PREGNANCY: Physicians MUST weigh the risk vs. benefits of MRI vs. alternative diagnostic tests. Informed consent required.

SEVERE RENAL INSUFFICIENCY (GFR less than 30): MUST weigh risks of gadolinium based contrasts vs. benefits of MRI tests results. Informed consent and renal clearance required.

METAL WORKERS: X-rays of orbits required prior to MRI scan to rule out occult metal fragments in eyes

TISSUE EXPANDERS: Office should contact Cardiac MRI at 713.441.2222 prior to exam in order to determine if MRI is safe.

PATIENTS WITH COAT OR BRA SIZE OF 52 OR LARGER: Office should contact Cardiac MRI at 713.441.2222 prior to exam to determine if patient will patient will fit in the scanner.

CARDIAC CT

☐	CTA Coronary Arteries w/ FFR (if needed)	75574, 0502T, 0503T
☐	CTA Chest Pre A-fib pulmonary vein mapping	71275
☐	CTA Chest Post A-Fib Ablation	71275
☐	CTA Chest (Thoracic Aorta)	71275
☐	CT Chest w/ contrast (non-angio/non-coronary)	71260
☐	CT Chest Non Contrast	75571
☐	CTA Abdomen & Pelvis	74174
☐	CTA Abdomen & Pelvis w/ runoff	75635
☐	CTA TAVR Workup and FFR (if needed)	75574, 71275, 74174
☐	CTA TMVR	75574, 71275
☐	Heart Scan (Self-Pay)	$140.00
☐	Heart Scan Plus (Self-Pay)	$205.00

CARDIAC NUCLEAR MEDICINE

☐	Myocardial Perfusion Imaging with ☐ Exercise ☐ Adenosine ☐ Regadenoson ☐ Agent TBD by cardiologist	78452, 93015
☐	Myocardial Perfusion Imaging w/ tl201 viability	78452
☐	CV Radionuclide Angiography (MUGA) rest only	78472
☐	CV *PYP* scan for cardiac amyloidosis	78469
☐	Exercise Treadmill (no imaging)	93017

CARDIAC PET/CT

☐	Cardiac PET Myocardial Perfusion Imaging	78492, 048T
☐	Cardiac PET Myocardial Perfusion Imaging with Viability Assessment	78492, 78459, 0482T
☐	Cardiac PET Viability Assessment Only	78459
☐	Cardiac PET Sarcoidosis Assessment	79491, 78459, 0482T
☐	Cardiac PET Endocarditis/Infection/Device Assessment	78459

EKG

☐	12-Lead EKG	93005
☐	Holter Monitor: ☐ 24 Hr ☐ 48 Hr	93226

VASCULAR ULTRASOUND

☐	Carotid Duplex			93880
☐	Transcranial Doppler (TCD) w/ bubble			93893
☐	Transcranial Doppler (TCD) monitoring			93892
☐	Transcranial Doppler (TCD) diagnostic			93886
☐	Transcranial Doppler (TCD) VMR			93890
☐	Arterial Physiologic Bilateral Leg w/ Exercise			93922-52
☐	Arterial Study Complete - **Bilateral**	☐ Upper	☐ Lower	93923
☐	Arterial Duplex UPPER extremity - **Unilateral**	☐ Right	☐ Left	93931
☐	Arterial Duplex UPPER extremity - **Bilateral**			93930
☐	Arterial Duplex LOWER extremity - **Unilateral**	☐ Right	☐ Left	93926
☐	Arterial Duplex LOWER extremity - **Unilateral**			93925
☐	Duplex Scan hemodialysis shunt			93990
☐	Vein mapping for hemodialysis AV fistula graph			G0365
☐	Venous duplex ***bilateral***	☐ Upper Extremities	☐ Lower Extremities	93960
☐	Venous duplex ***unilateral***	☐ Right ☐ Left	☐ UPPER ☐ LOWER	93971
☐	Vascular Screening Package (Self-Pay)			$120.00
☐	Vascular Age Screening (CIMT)			$120.00

ECHOCARDIOGRAM

☐	Echocardiogram Transesophageal (TEE) ***(requires: BMP, CBC, PT/INR results MUST be within 2wks old)***	93312, 93320, 93325, C8924, 76376
☐	Echocardiogram Stress (w/ contrast, Strain & 3D if needed) ☐ Dobutamine ☐ Bike ☐ Treadmill	93351, 93320, 93325, (C8930, 93356, 76376)
☐	Echocardiogram 2d Limited or Follow-up (w/ contrast and/or strain if needed)	93308, (C8924, 93356)
☐	Echocardiogram complete w/ contrast, strain & 3D if needed	93306, (C8929, 93356, 76376)
☐	2D Echo complete w/ contrast, strain and 3D if needed) ☐ Dyssynchrony study (pre Bi-V pacemaker) ☐ AV or VV optimization (post Bi-V pacemaker)	93306, (C8929, 93356, 76376)
☐	**LVAD Evaluation** ☐ Surveillance Echo Protocol ☐ Evaluation for Pump malfunction, pump thrombosis, hemolysis protocol **Speed Change** ☐ Optimization, HF, and/or Opening protocol ☐ Heart Recovery Protocol ☐ Pump Thrombosis *(Ramp Study)*	93306, C8929

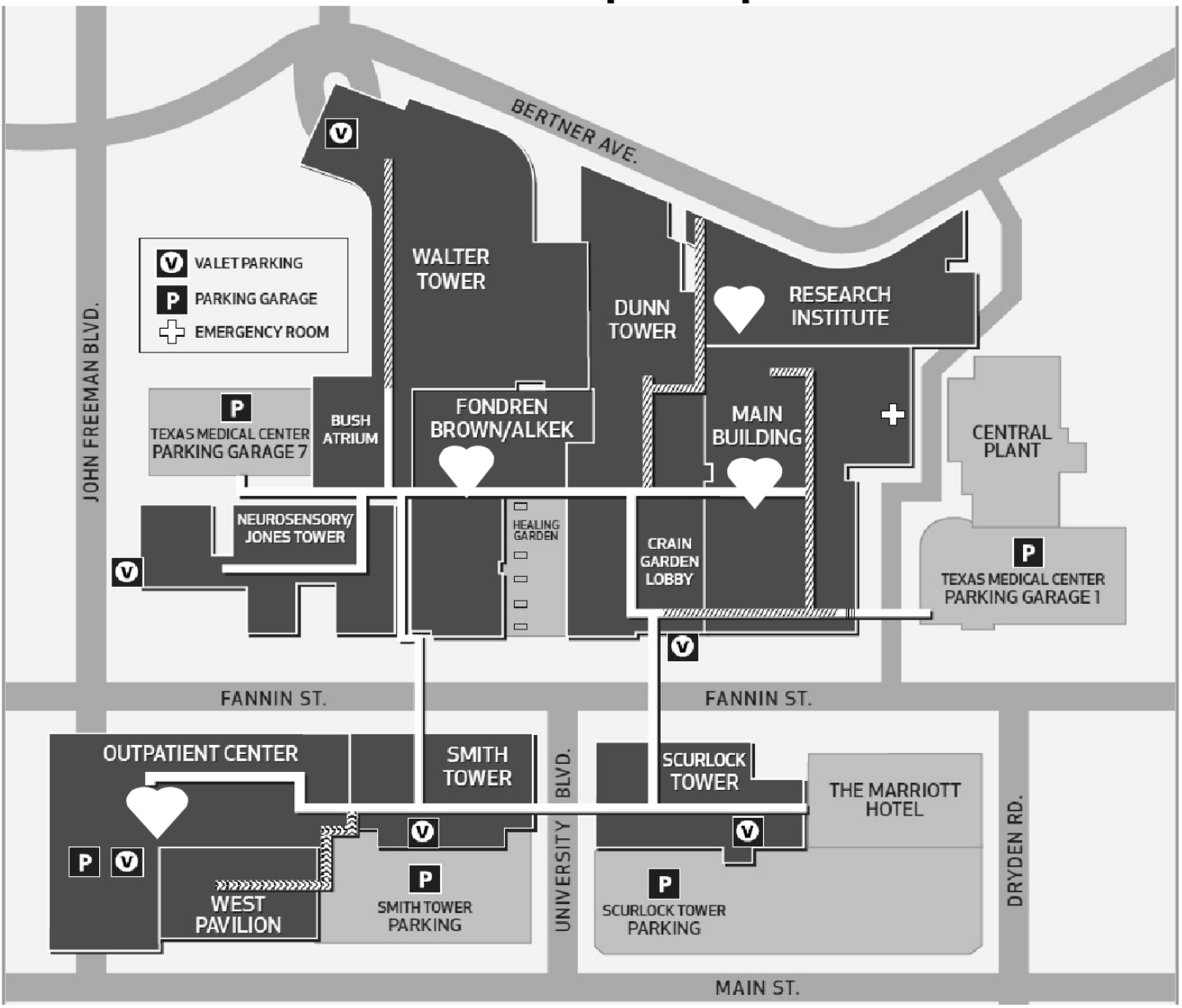
REQUIREMENT: LATEST HISTORY & PHYSICAL, RECENT LAB RESULTS, PREVIOUS CARDIAC IMAGING STUDY REPORTS

FAX ORDER SHEET WITH THE REQUIRED DOCUMENTS TO **713.791.5075**

FOR MORE INQUIRIES CALL **713.441.6550**

Houston Methodist DeBakey Heart & Vascular Imaging Center

HMH Campus Map



Fondren Building 9th Floor Suite F9-922: Cardiac CT, Nuclear Stress Testing, Echocardiogram, TEE & Vascular Ultrasound

Check-in: 1st floor Main Building, Patient Access Location if not pre-registered. If pre-registered, report to Fondren Building, 9th Floor, Cardiovascular Imaging Reception.

Outpatient Center (OPC) 16th Floor: Cardiac CT, Cardiac PET, Cardiac MRI, Echocardiogram, Vascular Ultrasound

Check-In: OPC 2nd Floor registration desk

Main Building 2nd Floor Suite M251: Cardiac MRI

Check in on the 1st floor at Patient Access Location in the Main Building

*For any scheduling questions or concerns, call Centralized Scheduling at 713.441.6550