

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, 71565, 75555
☐ CMRI Function & Viability, CHF evaluation	75561, 75565, 71555	☐ CMRI Lung/Heart Transplant Eval.	75561, 71565, 75555
☐ 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, 72198
☐ CMRI Pericardial and Heart Evaluation	75561, 75565, 71555	☐ 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	73225-LT, 73225-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, 71565, 75555	☐ MRV SVC/ Central Venous Imaging Protocol	71555

**** 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 fit in the scanner.

CARDIAC CT		VASCULAR ULTRASOUND	
☐ CTA Coronary Arteries w/ FFR (if needed)	75574, 0502T, 0503T	☐ Carotid Duplex	93880
☐ CTA Chest Pre A-fib pulmonary vein mapping	71275	☐ Transcranial Doppler (TCD) w/ bubble	93893
☐ CTA Chest Post A-Fib Ablation	71275	☐ Transcranial Doppler (TCD) monitoring	93892
☐ CTA Chest (Thoracic Aorta)	71275	☐ Transcranial Doppler (TCD) diagnostic	93886
☐ CT Chest w/ contrast (non-angio/non-coronary)	71260	☐ Transcranial Doppler (TCD) VMR	93890
☐ CT Chest Non Contrast	75571	☐ Arterial Physiologic Bilateral Leg w/ Exercise	93922-52
☐ CTA Abdomen & Pelvis	74174	☐ Arterial Study Complete - Bilateral ☐ Upper ☐ Lower	93923
☐ CTA Abdomen & Pelvis w/ runoff	75635	☐ Arterial Duplex UPPER extremity - Unilateral ☐ Right ☐ Left	93931
☐ CTA TAVR Workup and FFR (if needed)	75574, 71275, 74174	☐ Arterial Duplex UPPER extremity - Bilateral	93930
☐ CTA TMVR	75574, 71275	☐ Arterial Duplex LOWER extremity - Unilateral ☐ Right ☐ Left	93926
☐ Heart Scan (Self-Pay)	\$140.00	☐ Arterial Duplex LOWER extremity - Unilateral	93925
☐ Heart Scan Plus (Self-Pay)	\$205.00	☐ 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

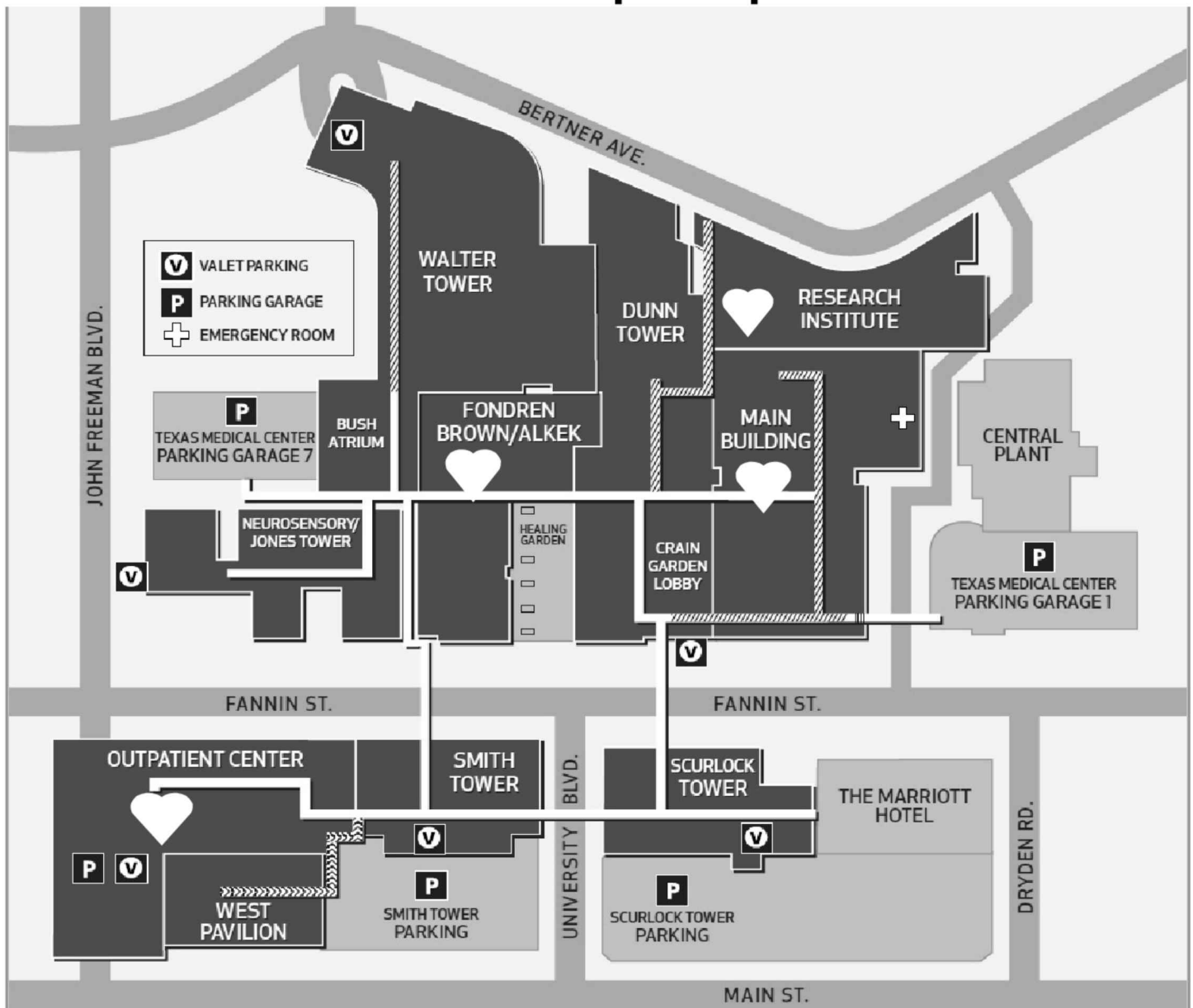
CARDIAC NUCLEAR MEDICINE		ECHOCARDIOGRAM	
☐ Myocardial Perfusion Imaging with ☐ Exercise ☐ Adenosine ☐ Regadenoson ☐ Agent TBD by cardiologist	78452, 93015	☐ Echocardiogram Stress (w/ contrast, Strain & 3D if needed) ☐ Dobutamine ☐ Bike ☐ Treadmill	93351, 93320, 93325, (C8930, 93356, 76376)
☐ Myocardial Perfusion Imaging w/ tl201 viability	78452	☐ Echocardiogram 2d Limited or Follow-up (w/ contrast and/or strain if needed)	93308, (C8924, 93356)
☐ CV Radionuclide Angiography (MUGA) rest only	78472	☐ Echocardiogram complete w/ contrast, strain & 3D if needed	93306, (C8929, 93356, 76376)
☐ CV PYP scan for cardiac amyloidosis	78469	☐ 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)
☐ Exercise Treadmill (no imaging)	93017	☐ LVAD Evaluation ☐ Surveillance Echo Protocol ☐ Evaluation for Pump malfunction, pump thrombosis, hemolysis protocol	93306, C8929
		☐ Speed Change ☐ Optimization, HF, and/or Opening protocol ☐ Heart Recovery Protocol ☐ Pump Thrombosis (Ramp Study)	

CARDIAC PET/CT		EKG	
☐ Cardiac PET Myocardial Perfusion Imaging	78431, 78434, 93018, 93016	☐ 12-Lead EKG	93005
☐ Cardiac PET Myocardial Perfusion Imaging with Viability Assessment	78431, 78434, 78429, 93018, 93016	☐ Holter Monitor: ☐ 24 Hr ☐ 48 Hr ☐ Other _____ (specify)	93226
☐ Cardiac PET Viability Assessment Only	78433, 78429		
☐ Cardiac PET Sarcoidosis Assessment	78433, 78430, 78429		
☐ Cardiac PET Endocarditis/Infection/Device Assessment	78429		
☐ Cardiac PET Vascular/Infection Limited	78814		

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