# CARDIOLOGY REQUISITION / CHARGE

WVUMedicine
**POTOMAC VALLEY HOSPITAL**

Contact PVH Cardiology
Phone: 304-597-3565 Fax: 304-597-3551

☐ INPATIENT ☐ E.R. ☐ OUTPATIENT ☐ OUT/SURGE

ROOM #. DATE:

**▼ PATIENT INFORMATION ▼**

NAME:

HEIGHT: WEIGHT:

MEDICATIONS:

APPOINTMENT:

SURGERY DATE:

| DESCRIPTION: DEPT. 42 | QUANTITY | | CODE |
|---|---|---|---|
| 2D ECHOCARDIOGRAM (COMPLETE) | | | 93306 |
| CAROTID ULTRASOUND | | | 93880 |
| **DESCRIPTION: DEPT. 43** | **QUANTITY** | | **CODE** |
| EEG | | | 95819 |
| CEREBRAL DEATH EVALUATION | | | 95824 |
| **DESCRIPTION: DEPT. 45** | **QUANTITY** | | **CODE** |
| HOLTER MONITOR | | | 93225 |
| SCAN ONLY (HOLTER) | | | 93226 |
| 30 DAY EVENT MONITOR | | | 93270 |
| AMBULATORY BP MONITORING | | | 93786 |
| ABPM SCAN & REPORT | | | 93788 |
| | | | |

**DIAGNOSIS / REASON FOR EXAM:**

ECG #:

| DESCRIPTION: DEPT. 44 | QUANTITY | | CODE |
|---|---|---|---|
| ELECTROCARDIOGRAM | | | 93005 |
| RHYTHM STRIP | | | 4030010 |
| CARDIOVERSION | | | 92960 |
| CARDIAC REHAB I | | | 3170142 |
| CARDIAC REHAB II | | | 93798 |
| CARDIAC REHAB III | | | |
| CODE | | | |
| 1 MONTH | | | |
| 3 MONTH | | | |
| 6 MONTH | | | |
| 12 MONTH | | | |
| STRESS TEST AS | | | |
| REGULAR | | | 93017 |
| NUCLEAR | | | -93017 |
| CARDIO-PHARMACEUTICAL | | | 93017 |
| SEGMENTAL DOPPLER STUDY | | | |
| NO EXERCISE | | | 93923 |
| WITH EXERCISE | | | 93924 |
| LIMITED | | | 93926 |
| NO SERVICE / NO CHARGE | | | 99999999 |

**Medical Necessity:** Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity. ADR would like to remind providers that we cannot accept diagnosis(es) that include the terms **"PROBABLE", "POSSIBLE", "SUSPECTED", "RULE OUT"**, or **"QUESTIONABLE"**. Please include signs and symptoms and any abnormal test results.

**PHYSICIAN NAME:**_____
**PLEASE PRINT NAME**

**PHYSICIAN SIGNATURE:**_____