

**Cardiopulmonary Order Form June 2020**

**Ordering Clinic:** Please complete demographic section, place a check mark by the desired procedure(s), obtain signature from Ordering Provider at the bottom of this form, and secure and document prior authorization number for Nuclear Stress Tests. Then fax form to CCH Scheduling.

<b>Patient Name:</b>	<b>Patient Date of Birth:</b>
<b>Diagnosis:</b>	<b>ICD 10 Code:</b>
<b>Height:</b>	<b>Insurance:</b>
<b>Weight:</b>	<b>Ordering Provider:</b>
<b>BMI:</b>	<b>Allergies:</b>
93017/78451/78452 Lexiscan Cardiolute (Nuclear) Stress Test <b>PRIOR AUTH Number:</b> _____ <b>Decision Support Session ID:</b> _____ <ul style="list-style-type: none"> <li>• Lexiscan (regadenoson) 0.4mg IV once <b>Decision Support Vendor:</b> _____</li> <li>• Aminophylline 100mg IV PRN rescue <b>Decision Support Score:</b> _____</li> <li>• NS 10mL flush PRN <b>Decision Support G Code:</b> _____</li> </ul>	
93017/78451/78452 Cardiolute (Nuclear) Exercise Stress Test <b>PRIOR AUTH Number:</b> _____ <b>Decision Support Session ID:</b> _____ <ul style="list-style-type: none"> <li>• Hold Beta Blocker? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Decision Support Vendor:</b> _____</li> <li><b>Decision Support Score:</b> _____</li> <li><b>Decision Support G Code:</b> _____</li> </ul>	
93017 Exercise Stress Test <ul style="list-style-type: none"> <li>• Hold Beta Blocker? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
93225/93226 24 Hour Holter Monitor	
93225/93226 48 Hour Holter Monitor	
00000 72 Hour Holter Monitor	
00000 30 day Mobile Cardiac Telemetry Monitor <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Wireless Patch <b>OR</b> <input type="checkbox"/> 3 Lead</li> </ul>	
93005 Electrocardiogram (EKG)	
94726/94750/94729 Complete Pulmonary Function Test <ul style="list-style-type: none"> <li>• 94060 Albuterol HFA 90mcg 4 puffs once? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 00000 Hemoglobin? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 36600 Arterial Blood Gases? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
94060 Simple Pulmonary Function Test (Pre & Post) <ul style="list-style-type: none"> <li>• Albuterol HFA 90mcg 4 puffs once</li> </ul>	
94761 Ambulatory Oximetry (Check for need of home O2, includes O2 titration)	
94618 6 Minute Desaturation Study (Walk on current FiO2, <b>NO O2 TITRATION</b> )	
94762 2 channel Sleep Oximetry	
G0424 Pulmonary Rehab initial evaluation	

**PROVIDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Prairie Ridge Health SCHEDULING:** Please fill out fields below and provide copy of order form to:

\_\_\_Pharmacy \_\_\_Medical Imaging \_\_\_RT

Procedure Scheduled for:

<b>MRN:</b>
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Date:	Time:
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