



Medical Imaging

In partnership with

MWHC Radiologic Associates of Fredericksburg

1201 Sam Perry Blvd, Suite 102, Fredericksburg, VA 22401

CT Cardiac Concierge Scheduling: 540-741-7019

Fax: 540-741-7822

Email: MIFSchedulers@mwhc.com

Patient Information

Patient Name _____ Phone _____
DOB _____ Insurance ID No. _____ Insurance _____

CDS Information (required for all MRI, CT, and PET Studies)

Session ID _____ Score _____ Vendor/G-Code _____ Adherence Modifier _____

Physician Information

Physician Name _____ Phone _____ Fax _____
Physician Signature _____ Date Ordered _____

DISCLAIMER/AUTHORIZATION
Medical Imaging of Fredericksburg is authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring.

Cardiovascular CT Requisition

Clinical Information

CLINICAL HISTORY: _____

Diagnosis Code: _____

For Contrast Exam:

Last Creatinine Level/Date: _____
Contrast Allergy? No Yes
If yes, describe allergy: _____
Would you like to order an i-stat creatinine for this patient?
 No Yes As Needed

For Coronary Artery Exam:

Contraindications to B-Blockers? No Yes
Contraindications to Nitrates? No Yes
Is patient in Atrial Fibrillation? No Yes
Does patient have an AV Block? No Yes
Any prior Coronary Artery Stent or Pacemaker? No Yes
Any prior CABG? No Yes

ICD-10 CODES (select all that apply):

- Angina pectoris, unspecified I20.9
- Chest pain, unspecified R07.9
- Shortness of breath R06.02
- Old myocardial infarction I25.2
- Chronic ischemic heart disease, unspecified I25.9
- Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris I25.119
- Coronary artery anomaly Q24.5
- Unspecified atrial fibrillation I48.91
- Abnormal electrocardiogram (EKG) R94.31
- Abnormal findings on diagnostic imaging of heart and coronary circulation R93.1
- Abnormal result of other cardiovascular function study R94.39
- Nonrheumatic aortic valve disorder, unspecified I35.9
- Nonrheumatic mitral valve disorder, unspecified I34.9
- Disease of pericardium, unspecified I31.9
- Dissection of thoracic aorta I71.01
- Thoracic aorta aneurysm, without rupture I71.2
- Abdominal aortic aneurysm, without rupture I71.4

Order Information

CARDIAC SCREENING:

- CALCIUM SCORE ONLY: CT Cardiac without IV Contrast – [CPT 75571] *Self-pay only*

CORONARY ARTERIES: CT Angiography Cardiac without and with IV Contrast – [CPT 75574]

- Coronary Artery Evaluation – Lowest Radiation Dose CT without LV Function
 - Heartflow FFR-CT at RAD Discretion for Ischemia Evaluation [CPT 0502T, 0503T, 0504T]
- Coronary Artery Evaluation with LV Function – Highest Radiation Dose CT
 - Heartflow FFR-CT at RAD Discretion for Ischemia Evaluation [CPT 0502T, 0503T, 0504T]

NON-CORONARY ARTERY: CT Cardiac with IV Contrast – [CPT 75572]

- RV or LV Function ONLY (*circle which is needed*)
- Cardiac Mass
- Pericardium
- Gated Aortic Root Thoracic Aorta (non-TAVR)
- Pre-Procedure CT for ICD/Pacer Lead Extraction

STRUCTURAL HEART CT

- TAVR Complete: Standard Evaluation (Annulus + Access) - [CPT 75572+71275+74174] (*Pre-Procedural Imaging for Transcatheter Aortic Valve Replacement*)
- TAVR: CT Cardiac with IV Contrast (Annulus Only) – [CPT 75572]
- CTA of Chest, Abdomen and Pelvis (for access) – [CPT 71275 and 74174]

PULMONARY VEIN MAPPING

- Pulmonary Vein: CT Cardiac with IV Contrast – [CPT 75572] (*Pre-Procedural Imaging for Pulmonary Vein Mapping*)

CONGENITAL HEART CT

- Coronary Artery Origins Only: CT Angiography Cardiac without and with IV Contrast – [CPT 75574] (*For Suspected Anomalous Coronary Arteries*)

POST-CABG CARDIAC CT

- Bypass Grafts: CT Angiography Cardiac without and with IV Contrast – [CPT 75574] (*Evaluation of Graft Patency Post-CABG without Native Coronary Evaluation*)

Other: