



Referral Form New Mexico Heart Institute Cardiology

**Albuquerque/Farmington/Gallup
Grants/Los Lunas/Socorro**
502 Elm Street NE
Albuquerque, NM 87102
Phone: 505.841.1000
Fax: 505.843.2592

Westside/Rio Rancho
2240 Grande Blvd. SE, Suite 102
Rio Rancho, NM 87124
Albuquerque, NM 87102
Phone: 505.727.4300
Fax: 505.727.9590

PLEASE FAX REFERRAL FORM, PATIENT DEMOGRAPHICS, SUPPORTING DOCUMENTATION, AND INSURANCE CARD(S) TO 505.727.6076

Date: _____ DOB: _____

Patient name: _____

Home phone: _____ Cell phone: _____

Requesting Provider: _____ Requesting Provider Phone: _____

Patient Insurance: _____ Patient #: _____

Patient's Primary Care Physician: _____

Date and Time Scheduled at NMHI (if known): _____ Current/Scheduled NMHI Physician: _____

Reason for Requested Services (Diagnosis/Symptom) & Comments: _____

Please provide your fax number so that we may return this form with the patient's appointment information.

We will let you know if we are unable to reach your patient. Fax # _____

PROCEDURES ARE SUBJECT TO MEDICAL NECESSITY REVIEW AND MAY REQUIRE PRIOR AUTHORIZATION

Please fax patient demographics, insurance information, last office note, prior auth, recent labs and ECG to the appropriate location fax number listed above. Is patient ambulatory? YES NO

INSTRUCTIONS: CHECK BOX FOR SERVICE REQUESTED AND CIRCLE INDICATION/REASON FOR THE SERVICE/TEST

CONSULTATION

- Cardiology Consultation or Continued Care
- Electrophysiology
- EKG w/ Interpretation (93000, 93010)
- Vascular/Vein Consultation
- Pre Surgical Consultation

ECHOCARDIOGRAM (Please Check Indication)

- Transthoracic (TTE) (93306-93308)
- Stress Echo (93350-93351)
 - CHF (428.0-9)
 - Angina (413.9)
 - Cardiomyopathy (425.4)
 - Murmur (785.2)
 - Ischemic Heart Disease (414.00-90)
 - Other _____
 - Myocardial Infarction (410.00-92)
 - Valvular Heart Disease (424.0-3)
 - Ventricular Dysfunction (429.9)
 - Acute Endocarditis (421.9)
 - Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9)

New Mexico
Heart Institute
Lovelace Medical Group

STRESS TESTING (Please Check Indication)

Standard Walking Treadmill (93015-93018)

- Chest Pain (786.50)
- Ischemic Heart Disease (414.00-90)
- Cardiomyopathy (425.4)
- Myocardial Infarction (410.00-92)
- Other _____
- Valvular Heart Disease (424.0-3)
- Angina (413.9)
- Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9)

NUCLEAR TESTING (Please Check Indication)

Walking Nuclear Stress (78451-78454)

Pharmacologic Nuclear Stress (78451-78454 +Nuclear Drugs)

- Angina or CAD (413.9 or 414.00-90)
- Ischemic Heart Disease (414.00-90)
- Myocardial Infarction (410.00-92)
- Patient not Ambulatory (Explain): _____
- Valvular Heart Disease (424.0-3)
- CHF (428.0-9)
- Chest Pain suggestive of CAD (786.50-59)

CALCIUM SCORE (75571) (Albuquerque Downtown Office Only)

ELECTROPHYSIOLOGY/RHYTHM (Please Check Indication)

Holter Monitor (93224-93227)

Real Time ECG Recording (93228)

- Cardiac Dysrhythmia (427.9)
- Arrhythmias (427.0-9) with documented CAD

Event Recorder (93268-93272)

- Transient Arrhythmias (427.0-89)
- Syncope (780.2)
- Unexplained Syncope and/or dizziness (780.2 or 780.4)

Tilt Table (for syncope only) (93660)

Pacemaker/Defibrillator Device Check (93279-93298)

VASCULAR STUDIES (Please Circle Indication)

Renal Artery Ultrasound (93975)

Carotid Doppler (93880)

- Cervical Bruits (785.9)
- Amaurosis Fugax (362.10-84)
- Pulsatile Neck Masses(784.2)
- Symptoms of Stroke (434.00-91)
- Pre-Op Eval for Lower Extremity Surgery** (V72.81)
- Blunt Neck Trauma
- Followup
- TIA (435.0-9)
- Subclavian Steal Syndrome (435.2)

** (2ndary dx of Ischemic Heart Disease required (414.00-90))

Extremity (Venous) (93970)

- Chronic Venous Insufficiency (454.0-8 and 459.10-39)
- DVT (453.2-89)
- Pre-Op Vein Mapping

Upper Extremity (Arterial) (93930)

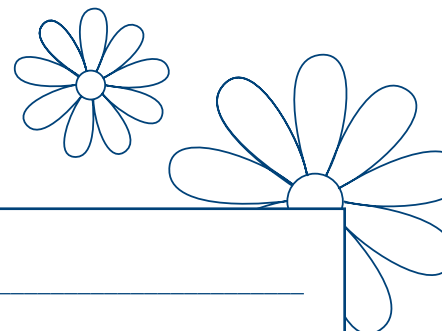
Lower Extremity (Arterial) (93925)

ABI (93922)

- Limb Ischemia (443.0-9)
- Rest Pain
- Aneurysmal Disease (442.0-82)
- Pre-Op Eval for Lower Extremity Surgery** (V72.81)
- Claudication (440.0-4)
- Tissue Loss (gangrene) (785.4)
- Evidence of Thromboembolic Events (444.0-9)

** (2ndary dx of Ischemic Heart Disease required (414.00-90))

Abdominal Aortic Ultrasound (93978)



For Medicaid Patients Only

Number of visits authorized: _____

OR date range of authorization: _____