

**SAVANNAH VASCULAR INSTITUTE
VASCULAR DIAGNOSTICS REQUEST FORM**

Telephone: 912-352-8346

Fax: 912-355-1414

****Precertification of insurance for testing must be completed by referring physician's office****

Patients Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ DOB: _____
 _____ SSN: _____

Medicare #: _____ **Self Pay – Pt/Ref Doc notified of pmt due**
 Insurance Plan: _____ (NO. 10) Patient was notified of the payment plan. Patient will
 ID #: _____ need to bring \$_____ to the first office visit.
 Address: _____ Prior Approval needed: _____ Yes _____ No
 _____ Authorization #: _____
 Out of Network: _____ Yes _____ No Physician Notified: _____ Patient Notified: _____

Referring Physician: _____ Office Phone #: _____
 Address: _____ Office Fax #: _____
 _____ NPI #: _____
 Contact Person: _____

PLEASE CLEARLY MARK THE DESIRED EXAM:

Lower Extremity Arterial	Carotid Duplex	Upper Extremity Arterial
<input type="checkbox"/> ABI – 93922	<input type="checkbox"/> Duplex – 93880	<input type="checkbox"/> Upper segmental pressures – 39323
<input type="checkbox"/> ABI with Stress - 93923	Abdominal Ultrasound	
<input type="checkbox"/> Lower Segmental - 93923	<input type="checkbox"/> Aorta – 93979	
<input type="checkbox"/> Ultrasound - 93925	<input type="checkbox"/> Renal – 93975	Venous Duplex Ultrasound
	<input type="checkbox"/> Bilateral - 93970	<input type="checkbox"/> Extremity L/R - 93971
	<input type="checkbox"/> Mesenteric – 93975	

DIGANOSIS/SYMTOMS ICD' 10 codes: Please circle appropriate dx code

<p><u>Carotid</u> <input type="checkbox"/> Bruit – R09.89 TIA – <input type="checkbox"/> Stroke –I67.89 <input type="checkbox"/> Syncope – R55 <input type="checkbox"/> Trauma –<input type="checkbox"/> neck mass- I72.8 <input type="checkbox"/> Hollenhorst plaques- H34.239, H34.231, H34.232, H34.233 <input type="checkbox"/> f/u on pt's with carotid disease- I65.29, I65.21, I65.22, I65.23 <input type="checkbox"/> Abnormal findings on physical exam, pulsatile</p> <p><u>Lower Extremity Arterial</u> <input type="checkbox"/> Gangrene I70.269, I70.261, I70.262, I70.263, I70.268 Thromboembolism, lower I72.4 <input type="checkbox"/> Injury to blood vessels T14.90, T14.8 <input type="checkbox"/></p> <p><u>Dialysis Access</u> <input type="checkbox"/> Graft Complications T82.818A, T82.828A, T82.838A, T82.848A, T82.858A, T82.868A, T82.898A</p>	<p><u>Vein Mapping</u> <input type="checkbox"/> Pre-op v77.83 <input type="checkbox"/> End stage renal disease 585.6 <input type="checkbox"/> Claudication I70.219, I70.211, I70.212, I70.213, I70.218</p> <p><u>Venous</u> <input type="checkbox"/> Limb pain <input type="checkbox"/> Swelling M79.89 <input type="checkbox"/> post op edema R60.0, R60.1, R60.9 <input type="checkbox"/> pre-op evaluation v72.83 <input type="checkbox"/> Deep Vein thrombosis (DVT), edema, tenderness, erythema I80.10, I80.11, I80.12, I80.13 <input type="checkbox"/> Superficial vein thrombosis(SVT), thrombophlebitis I80.00, I80.01, I80.02, I80.03 <input type="checkbox"/> Pulmonary embolus, chest pain, Apnea, Hypoxia, Dyspnea I27.82</p>	<p><u>Arterial</u> <input type="checkbox"/> Claudication I70.219, I70.211, I70.212, I70.213, I70.218 <input type="checkbox"/> Rest pain I70.221, I70.222, I70.223, I70.228 <input type="checkbox"/> Gangrene I70.269, I70.261, I70.262, I70.263, I70.268 <input type="checkbox"/> Aneurismal disease I72.4 <input type="checkbox"/> Thromboembolism, lower I72.4 <input type="checkbox"/> Pseudo aneurysm I72.4</p> <p><u>Abdominal</u> <input type="checkbox"/> Atherosclerosis of aorta I70.0 <input type="checkbox"/> Abdominal pain R10.13 <input type="checkbox"/> Abdominal mass R19.01 <input type="checkbox"/> Renal artery stenosis I70.1 <input type="checkbox"/> End stage kidney disease N18.6 <input type="checkbox"/> Mesenteric insufficiency K55.1</p>
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