Goshen Health

Vascular Ultrasound
200 High Park Avenue
Goshen, Indiana 46526
(574) 364-2819

Hours of Operation Monday - Friday 8 a.m. – 5 p.m.
To Schedule Please Call (574) 364-2400
Fax Order To (574) 364-2410

Patient Name _____
Date of Birth _____Social Security # _____
Address _____
City _____ State _____ Zip _____
Telephone # _____

Primary Insurance _____
Primary Policy # _____ Group # _____

Secondary Insurance _____
Secondary Policy # _____ Group # _____

Ordering Physician Signature _____
Ordering Physician _____Date_____

Primary Care Physician_____
Send Copy To _____
Fax Results To _____

Diagnosis #1 _____ ICD-10 Code _____
Diagnosis #2 _____ ICD-10 Code _____
Diagnosis #3 _____ ICD-10 Code _____
Diagnosis #4 _____ ICD-10 Code _____

ABDOMINAL DUPLEX EXAMS- *Exam times: 1-2 hrs *Patient must be NPO after midnight* ❑ **Abdominal Aorta** limited –F/U of known AAA ❑**Abdominal aorta screen** (initial evaluation for AAA) ❑ **Abdominal Aorta Duplex**- for arterial patency of aorta/iliac arteries (S/P EVAR, AAA repair, Ao-Bifem BPG) ❑ **Liver Duplex-**portal veins, hepatic veins and hepatic arteries ❑ **Mesenteric Arterial Duplex –** Celiac a., SMA and IMA (pre & post prandial) ❑ **Renal Artery Duplex**-include renal anatomic evaluation if not done within the previous 12 months	**CPT Codes:** 76775 / 76706 93978 93975 93976 93975 & 76775
❑ **Carotid Duplex** (includes vertebral arteries) ❑ **Bilateral** ❑Right only ❑Left only	93880-bilateral 93882-limited
LOWER EXTREMITY Arterial * All exams include a treadmill walking portion-patient should wear comfortable shoes if ambulatory ❑**With Exercise** ❑ **w/o Exercise** ❑ Full **Screening** –to look for LE arterial insufficiency that has not been diagnosed Include: PVR's, SLP's & ABI and TBI -Exam time: 1 hr ❑ Limited **ABI/TBI:** included in all Exam time: 30 minutes ❑ **Arterial Duplex** (Arterial Mapping) Exam time: 1 ½ - 3 hrs ❑ **Bypass Graft and/or Stent Evaluation** - (Arterial Mapping) Exam time: 1 ½ - 3 hrs NPO after midnight if imaging the Iliac arteries Intervention date and procedure(s): _____ ❑ **Bilateral Iliac Arteries** ❑ **Bilateral Legs** ❑ **Right Iliac Arteries** ❑ **Right Leg** ❑ **Left Iliac Arteries** ❑ **Left Leg**	**ABI & PVR:** 93923-Multi level 93922-Single level 93924-w/treadmill exercise **Duplex:** 93978-Iliac bilat 93979-Iliac unilat 93925-Legs bilat 93926-Legs unilat
Upper Extremity Arterial ❑ **Screening : Exam time -** 1 hr ❑ **for Thoracic Outlet Syndrome** ❑ **Duplex/Comprehensive-** Exam time: 1-2 hrs • Duplex & Doppler Evaluation *Check box that applies:* ❑ **Bilateral** ❑ **Right** ❑ **Left**	**Pressures:** 93923-Multi level 93922-Single level **Duplex:** 93930-Bilat 93931-Unilat
❑ **Raynaud's Evaluation-** Exam time: 1-2 hrs • Includes PPG waveforms, digit pressures and post cold submersion temperature evaluation	93740 93923
❑ **Venous Insufficiency Legs-**Includes Doppler for DVT*** -Exam time: 1 hr for each leg *Check box that applies:* ❑ **Bilateral** ❑ **Right** ❑ **Left**	93970-Bilat 93971-L/R
❑ **Vein Mapping-** Exam time: 1-2 hrs • Specific vein & extremity to be mapped: _____	93970-Bilat 93971-L/R
❑ **Venous Doppler for Deep Vein Thrombosis (DVT)-** Exam time: 1-1 ½ hrs *Check all that apply:* ❑ **Right Leg** ❑ **Left Leg** ❑ **Bilat Legs** ❑ **Right Arm** ❑ **Left Arm** ❑ **Bilat Arms**	93970-Bilat 93971-L/R

Updated 1.23.2017