SETON FAMILY OF HOSPITALS CARDIOPULMONARY/NEURODIAGNOSTICS SERVICES ORDER FORM SCHEDULING FAX# (512)-380-4263

This request form and insurance information are required at the time of your appointment. Please arrive 30 minutes prior to your appointment.

Today's Date_____Appt, Date: _____Appt. Time_____Arrival Time: _____

Patients Name: _____Date of Birth: _____Daytime phone#_____

SSN #_____ **Interpreter** services needed? - **Sign Language**_____**Language**_____

Diagnosis/Reason for exam: _____ICD Code#_____CPT Code_____

****Pre-Authorization**_____Referring Physician: (please print)_____
****Required before scheduling**

Physician Office #_____**/ Critical contact#**_____Physician FAX#_____

Physician Signature_____

Medicare Number o Primary o Secondary o Suffix			Medicaid Number	State
Insured Name:	Relationship to Insured o Self o Spouse o Dependent			
Insurance Co. Name:	Member / Insured ID#		Group #	
Insurance Co. Address:	City	STATE	Zip	
Insurance Co. Phone#	Employer Name / Employer #		Insured SSN(if not patient)	

SETON LOCATION OF SERVICE

- ☐ University Medical Center Brackenridge, 601 E. 15th St., Austin
- ☐ Dell Children's Medical Center, 4900 Mueller Blvd., Austin
- ☐ Seton Medical Center Williamson, University Blvd. and FM 1460, Round Rock
- ☐ Seton Medical Center Austin, 1201 W. 38th St., Austin
- ☐ Seton Northwest Hospital, 11113 Research Blvd., Austin
- ☐ Seton Pflugerville, 200 N. Heatherwilde, Pflugerville
- ☐ Seton Southwest Hospital, 7900 FM 1826, Austin
- ☐ Seton Medical Center Hays, 6001 Kyle Pkwy., Austin

- ☐ STAT: Call report to phone# _____
- ☐ ASAP: Results within 24 hours
- ☐ Routine
- ☐ Sedation
- ☐ Patient to return to doctor's office
- ☐ Patient may leave after exam
  - o With Exam on CD o Without CD

APPOINTMENT REQUIRED **SCHEDULING FAX # (512) - 380-4263**

ECHO – STRESS TEST - HOLTER MONITOR	VASCULAR STUDIES
☐ Holter Monitor KC 24 HR E ☐ 48 HR E ☐ Cardiac Studies ○ Echo ○Echo with bubbles (The following test require a cardiologist be present) Name _____ ☐ Default ☐ Dobutamine Stress ECHO ☐ Stress Test (regular treadmill) ☐ Myocardial Perfusion Stress Test ☐ Lexiscan ☐ Dobutamine ☐ Exercise ☐ Stress ECHO	☐ 93880 Carotid Study: ☐ Right ☐ Left ☐ Bilateral ☐ 93971 Venous Study: ☐ Upper Ext ☐ Lower Ext ☐ Right ☐ Left ☐ Bilateral ☐ 93923 Arterial Study: ☐ Upper Ext ☐ Lower Ext ☐ Right ☐ Left ☐ Bilateral ☐ABI

PULMONARY FUNCTION TEST

- ☐ Spirometry
- ☐ Diffusion Capacity (DLco)
- ☐ Static Lung Volumes (LV) & Airway Resistance (RAW)
- ☐ Pre & Post Bronchodilator Studies (if indicated please instruct patient to not use Inhaled bronchodilators at least 4 hours prior to bronchodilator studies)
- ☐ Arterial Blood Gases (ABG) – Please Check One
  - ☐ Room air
  - ☐ With Oxygen at _____l/m
- ☐ Other (Specify)_____

NEURODIAGNOSTIC STUDIES

- ☐ EEG with MRI
- ☐ EEG Routine (95816)
- ☐ EEG Awake and asleep (95819)
- ☐ Ambulatory 24 hr. / 48 hr. / 72 hr. (95953)
- ☐ Split Night
- ☐ Polysomnogram / Diagnostic only (95810)
- ☐ Polysomnography with CPAP (95811)
- ☐ (AER) Auditory evoked potential
- ☐ (VEP) Visual evoked potential
- ☐ (SSEP) Somatosensory evoked potential Upper extremities
- ☐ (SSEP) Somatosensory evoked potential Lower extremities
- ☐ MSLT
- ☐ MWT
- ☐VPAP
- ☐ Apply O2 if Sats < 89% with CPAP/BiPAP Titration

DELL CHILDREN'S MEDICAL CENTER
PULMONARY FUNCTION TEST

Please instruct patient to NOT use inhaled bronchodilators at least 4 to 6 hours prior to testing (unless it is an emergency)

- ☐ **Spirometry** with bronchodilator if indicated (94060) (Basic Exam for Asthma Eval)
- ☐ Lung Volumes/Plethysmography (TGV-FRC) (94726)
- ☐ RAW/GAW (code not required)
- ☐ Diffusion Capacity (DLco) (94729)
- ☐ MVV (code not required)
- ☐ MIP/MEP (code not required)
- ☐ Pentamidine (Nebupent) via nebulizer (94642)

Other Procedures: (The following tests may only be ordered by approved Cardiologists/Pulmonologists)

- ☐ Regular Treadmill Stress Test (93017)
- ☐ Pulmonary Stress Test (94620)
- ☐ Six Minute Walk Test
- ☐ Bronchoprovocation (Methacholine Challenge)
  - -Post study nebulization with Albuterol administered to counteract Bronchospasm

Neuromuscular Protocol:

- ☐ Peak cough flow, MVV, MIP/MEP and Spirometry

OTHER SERVICES

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