

**Cottage Grove Cardiology, P.C**

• Phone 860-242-8756 • [www.cottagegrovecardiology.com](http://www.cottagegrovecardiology.com) • Fax 860-882-0270 •

**PERIPHERAL VASCULAR DIAGNOSTIC STUDIES**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Patient Phone #: \_\_\_\_\_ Insurance: \_\_\_\_\_ Auth#: \_\_\_\_\_

**Priority:**      **Routine** \_\_\_\_\_ **Urgent:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**SELECT A TEST FROM THE LEFT COLUMN AND AN APPLICABLE DIAGNOSIS/INDICATION FROM THE ADJACENT RIGHT COLUMN**

**Cerebrovascular Arterial Studies**

*Internal Use: (30 min, Appt Code CU)*  
 \_\_\_ 93880 Carotid Full Study (30 min)  
 \_\_\_ 93882 Carotid Unilateral \_RT \_LT (30 min)

**Indications:**

\_\_\_ (Z48.812) Aftercare Following Surgery on the Circulatory System  
 \_\_\_ (I71.1 - I72.8) **Aneurysm of:** \_\_\_ Carotid Arteries \_\_\_ Other Arteries  
 \_\_\_ (R09.89) Bruit  
 \_\_\_ (R42) Dizziness  
 \_\_\_ (R29.810) Facial Weakness  
 \_\_\_ (I65.21 - I65.23) **Occlusion & Stenosis of Carotid Artery:** \_\_\_LT \_\_\_RT \_\_\_Bilateral  
 \_\_\_ (Z86.73) Personal Hx of TIA & CVA without residual deficits  
 \_\_\_ (R22.0 - R22.1) **Pulsatile Mass:** \_\_\_Head \_\_\_Neck  
 \_\_\_ (R55) Syncope  
 \_\_\_ (G45.9) TIA

**Extremity Arterial**

\_\_\_ 93922 ABI ONLY (30 min)  
 \_\_\_ 93923 ABI/PVR Lower (30 min)  
 \_\_\_ 93925 Duplex Lower, Bilateral (75 min)  
 \_\_\_ 93926 Duplex Lower, Unilateral (45 min)  
 \_\_\_ 93930 Duplex Upper, Bilateral (45 min)  
 \_\_\_ 93931 Duplex Upper, Unilateral (30 min)

**Indications:**

\_\_\_ (Z48.812) Aftercare Following Surgery on the Circulatory System  
 \_\_\_ (I72.1 - I72.8) **Aneurysm of Artery:** \_\_\_ Upper Extremity \_\_\_ Lower Extremity \_\_\_ Other  
 \_\_\_ (I70.211 - I70.798) **Atherosclerosis of Extremities:** \_\_\_LT \_\_\_RT \_\_\_Bilateral  
     ↳ **WITH** \_\_\_ Claudication \_\_\_ Rest Pain \_\_\_ Ulceration  
 \_\_\_ (E10.59) DM with Circulatory Complications - Type I  
 \_\_\_ (E11.59) DM with Circulatory Complications - Type II  
 \_\_\_ (Z09) Follow-Up After Treatment for Neoplasm  
 \_\_\_ (R10.2) Groin Pain  
 \_\_\_ (L97.111-L97.829) **Non-Pressure Chronic Ulcer of:** \_\_\_ Leg \_\_\_ Ankle \_\_\_ Foot  
     ↳ **SPECIFY** \_\_\_LT \_\_\_RT  
 \_\_\_ (R09.89) Other Symptom Involving Circulatory & Respiratory Systems  
 \_\_\_ (I73.89) Peripheral Vascular Disease

**Abdominal Studies**

*(No food or Drink 6HRS Prior/Morning Preferred)*  
 \_\_\_ 93975 Renal Complete (45 min)  
 \_\_\_ 93976 Renal Limited (45 min)  
 \_\_\_ 93978 Aorta Complete (30 min)  
 \_\_\_ 93979 Aorta Limited (30 min)

**Indications:**

\_\_\_ (R09.89) Abdominal Bruit  
 \_\_\_ (Z48.812) Aftercare Following Surgery on the Circulatory System  
 \_\_\_ (I72.1 - I72.8) **Aneurysm of Artery:** \_\_\_ Renal \_\_\_ Iliac \_\_\_ Lower Extremity  
 \_\_\_ (I10) Essential Hypertension  
 \_\_\_ (R09.89) Other Symptom Involving Circulatory & Respiratory Systems  
 \_\_\_ (R10.2) Pelvic & Perineal Pain  
 \_\_\_ (R10.11 - R10.32) **Quadrant Pain:** \_\_\_LT \_\_\_RT   ↳ **SPECIFY** \_\_\_Upper \_\_\_Lower

**Extremity Venous**

\_\_\_ 93970 Duplex Bilateral {DVT} \_\_\_ Upper \_\_\_ Lower (45 min)  
 \_\_\_ 93971 Duplex Unilateral {DVT} \_\_\_ Upper \_\_\_ Lower (30 min)  
     ↳ \_\_\_LT \_\_\_RT

**Indications:**

\_\_\_ (R60.0 - R60.1) **Edema:** \_\_\_ Localized \_\_\_ Generalized  
 \_\_\_ (M79.601 - M79.675) **Pain in:** \_\_\_ Arm \_\_\_ Leg \_\_\_ Foot \_\_\_ Hand  
     ↳ **SPECIFY** \_\_\_LT \_\_\_RT  
 \_\_\_ (Z86.72) Personal HX of Thrombophlebitis  
 \_\_\_ (R22.31 - R22.43) **Swelling, Mass of:** \_\_\_ Upper Limb \_\_\_ Lower Limb  
     ↳ **SPECIFY** \_\_\_LT \_\_\_RT \_\_\_Bilateral  
 \_\_\_ (I83.011 - I83.893) **Varicose Vein of Extremity:**  
     ↳ **WITH** \_\_\_ Ulcer \_\_\_ Pain \_\_\_ Other Complication

\_\_\_ (93799) Arterial/Peripheral Vascular Screenings (SELF-PAY PROCEDURE - NOT COVERED BY INSURANCE): Fee \$100.00

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_