

Patient Name _____

Patient DOB _____

ICD 10 Code _____

ICD 10 Description _____

Ordering physician _____

Signature _____

Ordering physician _____

If patient has not had any surgical intervention then it is recommended to start with an LEA physiologic exam for lower extremity arterial symptoms.

Carotid Duplex Exams <input type="checkbox"/> 93880 Carotid Doppler Complete <input type="checkbox"/> 93882 Carotid Doppler Limited Rt_____ Lt_____
Abdominal Duplex Exams <input type="checkbox"/> 76706 Abdominal aorta screening (1 st exam to evaluate the abdominal aorta) <input type="checkbox"/> 76775 Abdominal aorta limited (Any follow up exams to evaluate the abdominal aorta) <input type="checkbox"/> 93978 Abdominal aorta duplex (S/P EVAR, AAA repair, AO-Bifem graft) <input type="checkbox"/> 93976 Mesenteric artery duplex (Pre and Post Prandial) <input type="checkbox"/> 93975 Liver Duplex <input type="checkbox"/> 93975 Renal artery duplex (76775 Renal limited included per protocol)
Lower Extremity Arterial-LEA- Physiologic Exams (No <input type="checkbox"/> 93922 ABI/TBI Limited Single Level <input type="checkbox"/> 93923 Arterial physiologic screening w/o treadmill (Patient unable to ambulate) <input type="checkbox"/> 93924 Arterial physiologic screening w/treadmill (Patient able to ambulate)
Raynauds and Thoracic Outlet Evaluation <input type="checkbox"/> 93740 and 93923 (Includes PPG waveforms, digit pressures and post cold submersion temp eval) <input type="checkbox"/> 93923 Thoracic Outlet Syndrome Bilateral

Lower Extremity Arterial Exams (If imaging iliacs patient must be NPO after midnight) **CPT 93924 or 93922 (in non-ambulatory) included** <input type="checkbox"/> 93978 Bilateral iliac arteries <input type="checkbox"/> 93979 Unilateral iliac artery Rt_____ Lt_____ <input type="checkbox"/> 93925 Bilateral lower extremities <input type="checkbox"/> 93926 Unilateral LE Rt_____ Lt_____
Upper Extremity Arterial Exams <input type="checkbox"/> 93930 Bilateral Duplex UE <input type="checkbox"/> 93931 Unilateral Duplex UE Rt_____ Lt_____ <input type="checkbox"/> 93923 UE arterial screening—Multiple levels <input type="checkbox"/> 93922 UE arterial screening—Single level
Venous Doppler for DVT <input type="checkbox"/> 93970 Bilateral UE's <input type="checkbox"/> 93970 Bilateral LE's <input type="checkbox"/> 93971 Unilateral UE Rt_____ Lt_____ <input type="checkbox"/> 93971 Unilateral LE Rt_____ Lt_____
Venous Insufficiency <input type="checkbox"/> 93970 Bilateral LE's <input type="checkbox"/> 93971 Unilateral LE Rt_____ Lt_____
Vein Mapping <input type="checkbox"/> 93970 Bilateral vein mapping Upper extremities <input type="checkbox"/> 93970 Bilateral vein mapping Lower extremities <input type="checkbox"/> 93971 Unilateral vein mapping Rt_____ Lt_____ <div style="text-align: right;"> Arm_____ Leg_____ </div>

****Patient surgical history—Please write in relevant surgical history below.****