



**F A S T R A D**  
MOBILE RADIOLOGY

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# EKG-ULTRASOUND REQUISITION

Accession Number

PT Account#

Date of Service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If Patient is home bound, please put home address:

Facility Name \_\_\_\_\_ Room # \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH <sup>LAST</sup> \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ <sup>FIRST</sup> \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ male female

MEDICARE# \_\_\_\_\_

MEDICAID# \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ # \_\_\_\_\_

AUTH. # \_\_\_\_\_

PATIENT IS:  SNF  HOMEBOUND  OTHER

ORDERING PHYSICIAN: Last Name \_\_\_\_\_

NPI# \_\_\_\_\_ First Name \_\_\_\_\_

**STAT Additional Charge Applies**

Routine hours are Monday-Friday from 8am-5pm  
excluding holidays. An additional charge applies for tests performed  
after regular hours, weekends and holidays. All regular and stat  
x-ray requests must be medically  
necessary with reason documented in residents chart.

**A doctor's order must be obtained prior to submitting  
the requisition.**

Technologist Name:

Arrival Time-Military:

# of patients seen on this visit:

710	<b>Abdominal Survey</b> Liver, Gallbladder, Pancreas, Spleen, Biliary Tract	
720	<b>Renal Survey</b> Kidneys, Aorta, IVC	
730	<b>Pelvice Survey</b> Uterus, Ovaries, Prostate, Bladder	
740	<b>Testicular</b>	
750	<b>Thyroid</b>	
760	<b>Breast</b> ( ) Right ( ) Left	
770	<b>Echocardiogram</b> 2D, M-Mode, PW, CW, CFM	
780	<b>Carotid Duplex</b> Carotid Doppler	
790	<b>Venous Doppler</b> Lower Extremities: ( ) Right ( ) Left	
800	<b>Artiel Doppler</b> Lower Extremities: ( ) Right ( ) Left	
810	<b>EKG Tracing Interp and Report</b>	
820	<b>Pacemaker Check</b>	
( )	<b>Other</b> _____	

## DIAGNOSIS CODES ON BACK

**CLINICAL SYMPTOMS:  
DIAGNOSIS/SYMPTOM/REASON REQUIRED**

**ATTN: NURSE-IMPORTANT**

Medicare regulations **require the  
physician** to provide the diagnosis  
code for each test ordered. It is the  
Nurse's responsibility to document  
Diagnosis code on the requisition.

**Thank you.**

Person signing below verifies the medical necessity of the test being performed.

The signature also verifies the presence of physicians' order the test being performed.

**SIGNATURE REQUIRED:**

<b>PAYABLE EKG DIAGNOSIS</b> .....	<b>ICD-9</b>	ATHEROSCLEROSIS - LIMB & ULCER .....	440.23
ABNORMAL EKG-ECG .....	794.31	ATHEROSCLEROSIS WITH REST PAIN .....	440.22
ACUTE ENDOCARDITIS UNSPEC .....	421.9	ATRIAL FIBRILLATION .....	427.31
ACUTE MYOCARDIAL INFARCTION UNSPEC .....	410.90	BRUIT .....	785.9
ANEURYSM OF HEART .....	414.19	CALCULUS OF KIDNEY .....	582.0
ATRIAL FIBRILLATION .....	427.31	CALCULUS: GB W/ AC CYST .....	574.00
ATRIAL FLUTTER .....	427.31	CARDIAC PACEMAKER .....	V45.01
BRADYCARDIA .....	427.89	CARDIOMEGLAY .....	429.3
CARDIAC ARREST .....	427.5	CARDIOMYOPATHY .....	425.9
CARDIAC DYSRHYTHMIA UNSPEC (Arrhythmia NOS) .....	427.9	CAROTID STENOSIS .....	433.10
CARDIOGENIC SHOCK .....	785.51	CHEST PAIN .....	766.50
CARDIOMEGLAY .....	429.3	CHF .....	428.0
CARDIOMYOPATHY .....	425.4	CHOLELITHIASIS .....	574.2
CARDIOVASCULAR DISEASE UNSPEC (ASCVD) .....	429.2	CORONARY/ARTERY ANOMALY CAD .....	746.88
CHEST PAIN UNSPEC .....	786.50	CORONARY INSUFFICIENCY .....	411.88
CHEST PAIN, TIGHTNESS, PRESSURE .....	786.59	CYST OF KIDNEY .....	583.2
CHRONIC ISCHEMIC HEART DISEASE UNSPEC .....	414.9	DECUBITUS ULCER .....	707.10
CHRONIC PULMONARY HEART DISEASE UNSEC .....	416.9	DIABETES WITH PERIPHERAL .....	250.70
CONGESTION HEART DISEASE (CHF) .....	428.0	DIZZINESS/GIDDINESS .....	780.4
CORONARY ATHEROSCLEROSIS (ASHD) .....	414.00	EDEMA .....	782.3
CYANOSIS .....	782.5	ENDOCARDITIS .....	421.9
DIZZINESS AND GIDDINESS .....	780.4	GANGRENE .....	785.4
EDEMA .....	782.3	GOLTER .....	240.9
HEART FAILURE UNSPEC .....	428.9	HEART BLOCK .....	426.9
HEARTBURN .....	787.1	HEART FAILURE, UNSPEC. .....	428.9
HYPOPOTASSIUM .....	276.7	HYDRONAPHRISIS .....	591
HYPERTENSION ESSENTIAL .....	401.1	HYPERTENSION .....	402.90
MECHANICAL COMPLICATIONS CARDIAC DEVICE .....	996.01	HYPOTENSION .....	458.9
MYOCARDITIS UNSPEC .....	429.0	INFECTION OF KIDNEY .....	590.9
OTHER ABNORMAL HEART SOUNDS .....	785.3	MALLASE/FATIGUE .....	780.79
PAINFUL RESPIRATION .....	786.52	MURMUR .....	785.2
PALPITATIONS .....	785.1	MYOCARDIAL INFARCT, OLD .....	412
PRECARDIAL PAIN .....	786.51	MYOCARDITIS .....	422.90
PREMATURE BEATS UNSPEC .....	427.6	PAIN IN LIMB .....	729.5
STROKE (CVA) .....	436	PALPITATION .....	785.1
SYNCOPE AND COLLAPSE .....	780.2	PERICARDIAL DISEASE NOS .....	423.9
TACHYCARDIA UNSPEC .....	785.0	PERIPHERAL VASCULAR DISEASE .....	443.89
UNDIAGNOSED CARDIAC MURMURS .....	785.2	PULMONARY HEART DISEASE .....	415.0
UNSPEC ANGINA PECTORIS .....	413.9	PULMONARY HYPERTENSION .....	416.0
UNSPEC TRANSIENT CEREBRAL ISCHEMIA (TIA) .....	435.9	PULMONARY INSUFFIC. .....	518.82
		RALES/TYMPANY .....	786.7
		RAYNAUD'S SYNDROME .....	443.0
		SOB .....	786.05
		SWELLING OF LIMB .....	729.81
		SYNCOPE & COLLAPSE .....	780.2
		TACHYCARDIA .....	785.0
		THROMBOPHLEBITIS .....	451.2
		TRANS CEREBRAL ISCHEMIA .....	435.9
		UTI .....	599
		VENOUS (PERIPHERAL) INSUFFICIENCY .....	459.81
		VENOUS THROMBOSIS AND EMBOLISM .....	V12.51
		VENTRICULAR FIBRILLATION .....	427.41
<b>PAYABLE ULTRASOUND DIAGNOSIS</b> .....	<b>ICD-9</b>		
ABDOMEN DISTENSION .....	787.3		
ABDOMINAL AORTIC ANEURYSM .....	441.4		
ABNORMAL CHEST SOUNDS .....	786.7		
ACUTE CHOLACYSTITIS .....	575.0		
ACUTE MYOCARDIAL INFARCT .....	410.00		
ACUTE MYOCARDIAL INFARCT .....	410.90		
ANGINA PACTORIS .....	413.9		
ANGINA, UNSTABLE .....	411.1		
AORTIC ANEURYSM .....	441.9		
AORTIC STENOSIS .....	424.1		
ARRHYTHMIA .....	427.9		
ASCITLES .....	789.5		
ATHEROSCLEROSIS - LIMB & CHEST PAIN .....	440.22		
ATHEROSCLEROSIS - LIMB & CLAUDIC .....	440.21		

Since a preoperative is considered as screening, it is usually not payable. However, there may be existing medical conditions that can preclude the patient from having surgery. In such instances, the performance of the test is for that specific condition and not for screening purposes, and may be covered.