



**NEW MEXICO HEART INSTITUTE CARDIOLOGY REFERRAL FORM**

**Albuquerque/Farmington/Gallup  
Grants/Los Lunas/Socorro**  
502 Elm Street NE  
Albuquerque, NM 87102  
(505) 841-1000 Main Number  
(505) 843-2592 Fax

**Santa Fe/Española/Las Vegas  
Los Alamos, Raton**  
2085 S. Pacheco Street  
Santa Fe, NM 87505  
(505) 984-8012 Main Number  
(505) 424-9193 Fax

<b>Patient:</b>	<b>Date of Birth:</b>	<b>Patient Phone:</b>
<b>Requesting Provider:</b>	<b>Requesting Provider Phone:</b>	<b>Patient Insurance:</b>
<b>Date and Time Scheduled at NMHI (if known):</b>	<b>Current/Scheduled NMHI Physician:</b>	<b>Patient's Primary Care Physician:</b>

**Reason for Requested Services (Diagnosis/Symptom) & Comments:**

**Please provide your fax number so that we may return this form with the patient's appointment information. We will let you know if we are unable to reach your patient. Fax # \_\_\_\_\_**

PROCEDURES ARE SUBJECT TO MEDICAL NECESSITY REVIEW AND MAY REQUIRE PRIOR AUTHORIZATION  
Please fax patient demographics, insurance information, last office note, prior auth, recent labs and ECG to the appropriate location fax number listed above. Is patient ambulatory?

**INSTRUCTIONS: Check Box for Service Requested and Circle Indication/Reason for the Service/Test**

**Consultation** (99201-99205)

- Cardiology Consultation or Continued Care**
- Vascular/Vein Consultation**
- Electrophysiology**
- Pre Surgical Consultation**

- EKG w/ Interpretation** (93000, 93010)

**Echocardiogram** (Please Circle Indication)

- Transthoracic (TTE) (93306-93308)**
- Stress Echo (93350-93351)**
  - CHF (428.0-9)
  - Angina (413.9)
  - Cardiomyopathy (425.4)
  - Ischemic Heart Disease (414.00-90)
  - Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9)
  - Murmur (785.2)
  - Myocardial Infarction (410.00-92)
  - Valvular Heart Disease (424.0-3)
  - Ventricular Dysfunction (429.9)
  - Acute Endocarditis (421.9)
  - Other \_\_\_\_\_

**Stress Testing** (Please Circle Indication)

- Standard Walking Treadmill (93015-93018)**
  - Chest Pain (786.50)
  - Ischemic Heart Disease (414.00-90)
  - Cardiomyopathy (425.4)
  - Arrhythmia (Tachycardia, Bradycardia, A-fib)(427.0-9)
  - Other \_\_\_\_\_
  - Valvular Heart Disease (424.0-3)
  - Angina (413.9)
  - Myocardial Infarction (410.00-92)

**Nuclear Testing** (Please Circle Indication)

- Walking Nuclear Stress (78451-78454)**
- Pharmacologic Nuclear Stress (78451-78454 +Nuclear Drugs)**
  - Angina or CAD (413.9 or 414.00-90)
  - Ischemic Heart Disease (414.00-90)
  - Myocardial Infarction (410.00-92)
  - Chest Pain suggestive of CAD (786.50-59)
  - Patient not Ambulatory (Explain): \_\_\_\_\_
  - Abnormal Pre-Stress Testing (EKG/Echo) list findings: \_\_\_\_\_
  - Valvular Heart Disease (424.0-3)
  - CHF (428.0-9)

- Calcium Score** (75571) (Albuquerque Downtown Office Only)

Please provide referring provider's signature: \_\_\_\_\_

**Electrophysiology/Rhythm** (Please Circle Indication)

- Holter Monitor (93224-93227)**
- Real Time ECG Recording (93228)**
  - Cardiac Dysrhythmia (427.9)
  - Arrhythmias (427.0-9) with documented CAD
- Event Recorder (93268-93272)**
  - Transient Arrhythmias (427.0-89)
  - Unexplained Syncope and/or dizziness (780.2 or 78 • Syncope (780.2)
- Tilt Table (for syncope only) (93660)**
- Pacemaker/Defibrillator Device Check (93279-93298)**

**Vascular Studies** (Please Circle Indication)

- Renal Artery Ultrasound (93975)**
- Carotid Doppler (93880)**
  - Cervical Bruits (785.9)
  - Amaurosis Fugax (362.10-84)
  - Pulsatile Neck Masses(784.2)
  - Symptoms of Stroke (434.00-91)
  - Pre-Op Eval for Lower Extremity Surgery\*\* (V72.81)
  - Blunt Neck Trauma
  - Followup
  - TIA (435.0-9)
  - Subclavian Steal Syndrome (435.2)

\*\*2ndary dx of Ischemic Heart Disease required (414.00-90)

- Extremity (Venous) (93970)**
  - Chronic Venous Insufficiency (454.0-8 and 459.10-39)
  - DVT (453.2-89)
  - Pre-Op Vein Mapping
- Upper Extremity (Arterial) (93930)**
- Lower Extremity (Arterial) (93925)**
- ABI (93922)**
  - Limb Ischemia (443.0-9)
  - Rest Pain
  - Evidence of Thromboembolic Events (444.0-9)
  - Aneurysmal Disease (442.0-82)
  - Pre-Op Eval for Lower Extremity Surgery\*\* (V72.81)
  - Claudication (440.0-4)
  - Tissue Loss (gangrene) (785.4)

\*\*2ndary dx of Ischemic Heart Disease required (414.00-90)

- Abdominal Aortic Ultrasound (93978)**

<b>For Medicaid Patients Only</b>	
Number of visits authorized:	_____
OR Date range of authorization:	_____