



HMH2411

Patient Name	DOB	Insured Name	Plan Name
Phone No	HT	ID No	Plan Phone No
SSN (last four numbers)	WT	Group No	Auth. No
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Indication for Study & ICD10		
Ordering Physician		Physician Signature	
Contact Phone No		Fax No	

CARDIAC MRI

<input type="checkbox"/> CMRI Function Only (limited EF study, no IV contrast)	75557, 75565	<input type="checkbox"/> CMRI Stroke Eval.	75561, 71555, 75565
<input type="checkbox"/> CMRI Function & Viability, CHF evaluation	75561, 75565, 71555	<input type="checkbox"/> CMRI Lung/Heart Transplant Eval.	75561, 71555, 75565
<input type="checkbox"/> CMRI Valve Assessment	75561, 75565, 71555	<input type="checkbox"/> CMRI TAVR Planning	75561, 71555, 74185, 72198
<input type="checkbox"/> CMRI Mass/Tumor Eval.	75561, 75565, 71555	<input type="checkbox"/> CMRI Iron Overload Assessment	75557
<input type="checkbox"/> CMRI Pulmonary Vein Ablation Evaluation	75561, 71555, 75565	<input type="checkbox"/> CMRI for 3D LV or LA Scar Assessment	75561, 75565, 71555
<input type="checkbox"/> CMRI Anomalous Coronary Evaluation	75561, 71555, 75565	<input type="checkbox"/> Dynamic MRA Thoracic Aorta w & w/o contrast	71555
<input type="checkbox"/> MRI Congenital Heart Disease & Shunt Evaluation	75561, 71555, 75565	<input type="checkbox"/> MRA Abdominal Aorta/ Renal w & w/o contrast	74185
<input type="checkbox"/> CMRI Pericardial and Heart Evaluation	75561	<input type="checkbox"/> MRA Pelvis Arterial w & w/o contrast	72198
<input type="checkbox"/> CMRI RV Dysplasia Evaluation	75561, 75565, 71555	<input type="checkbox"/> MRA Abd & Pelvis Venous w & w/o contrast	74185, 72198
<input type="checkbox"/> CMRI Stress Test ***NPO midnight, no caffeine for 24hrs***	75563, 75565	<input type="checkbox"/> MRA Lower Extremity Venous w & w/o contrast	73725-LT, 73725-RT
<input type="checkbox"/> CMRI Hypertrophic Cardiomyopathy Eval. for stress perfusion and scar assessment	75563, 75565	<input type="checkbox"/> MRA Abdomen Pelvis & Lower Extremity Runoff arterial w & w/o contrast	74185, 72198, 73725-LT, 73725-RT
<input type="checkbox"/> CMRI and Dynamic MRA Thoracic Aorta w & w/o contrast	75561, 71555, 75565	<input type="checkbox"/> MRV SVC/ Central Venous Imaging Protocol	71555, 70549, 73225-LT, 73225-RT

**** Patients with CLAUSTROPHOBIA who may receive medication for sedation MUST bring a driver ****

**** PATIENTS CAN NOT HAVE MRI IF THEY HAVE ANY OF THE LISTED IMPLANTS WHICH REPRESENTS MAJOR CONTRAINDICATION TO MRI ****

Pacemaker or Defibrillator	YES <input type="checkbox"/> NO <input type="checkbox"/>	Deep Brain Stimulators/Vagal Stimulators	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cochlear Implant	YES <input type="checkbox"/> NO <input type="checkbox"/>	PILL Cam within last 30 days or Gastric Reflux Device	YES <input type="checkbox"/> NO <input type="checkbox"/>
Infusion Pumps (e.g. Insulin Pump)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Metallic Foreign Body in the Eye or "Triggerfish" Contact Lens	YES <input type="checkbox"/> NO <input type="checkbox"/>

SPECIAL CONSIDERATIONS:

CEREBRAL ANEURYSM CLIPS: Need to obtain written documentation regarding specific type of clips, location, etc from neurosurgeon or hospital. Please fax to 713.791.5075

PREGNANCY: Physicians MUST weigh the risk vs. benefits of MRI vs. alternative diagnostic tests. Informed consent required.

SEVERE RENAL INSUFFICIENCY (GFR less than 30): MUST weigh risks of gadolinium based contrasts vs. benefits of MRI tests results. Informed consent and renal clearance required.

METAL WORKERS: X-rays of orbits required prior to MRI scan to rule out occult metal fragments in eyes

TISSUE EXPANDERS: Office should contact Cardiac MRI at 713.441.2222 prior to exam in order to determine if MRI is safe.

PATIENTS WITH COAT OR BRA SIZE OF 52 OR LARGER: Office should contact Cardiac MRI at 713.441.2222 prior to exam to determine if patient will fit in the scanner.

CARDIAC CT

VASCULAR ULTRASOUND

<input type="checkbox"/> CTA Coronary Arteries w/ FFR (if needed)	75574, 0502T, 0503T	<input type="checkbox"/> Carotid Duplex	93880
<input type="checkbox"/> CTA Chest Pre A-fib pulmonary vein mapping	71275	<input type="checkbox"/> Transcranial Doppler (TCD) w/ bubble	93893
<input type="checkbox"/> CTA Chest Post A-Fib Ablation	71275	<input type="checkbox"/> Transcranial Doppler (TCD) monitoring	93892
<input type="checkbox"/> CTA Chest (Thoracic Aorta)	71275	<input type="checkbox"/> Transcranial Doppler (TCD) diagnostic	93886
<input type="checkbox"/> CT Chest w/ contrast (non-angio/non-coronary)	71260	<input type="checkbox"/> Transcranial Doppler (TCD) VMR	93890
<input type="checkbox"/> CT Chest Non Contrast	75571	<input type="checkbox"/> Arterial Physiologic Bilateral Leg w/ Exercise	93922-52
<input type="checkbox"/> CTA Abdomen & Pelvis	74174	<input type="checkbox"/> Arterial Study Complete - Bilateral <input type="checkbox"/> Upper <input type="checkbox"/> Lower	93923
<input type="checkbox"/> CTA Abdomen & Pelvis w/ runoff	75635	<input type="checkbox"/> Arterial Duplex UPPER extremity - Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	93931
<input type="checkbox"/> CTA TAVR Workup and FFR (if needed)	75574, 71275, 74174	<input type="checkbox"/> Arterial Duplex UPPER extremity - Bilateral	93930
<input type="checkbox"/> CTA TMVR	75574, 71275	<input type="checkbox"/> Arterial Duplex LOWER extremity - Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	93926
<input type="checkbox"/> Heart Scan (Self-Pay)	\$140.00	<input type="checkbox"/> Arterial Duplex LOWER extremity - Unilateral	93925
<input type="checkbox"/> Heart Scan Plus (Self-Pay)	\$205.00	<input type="checkbox"/> Duplex Scan hemodialysis shunt	93990
		<input type="checkbox"/> Vein mapping for hemodialysis AV fistula graph	G0365
		<input type="checkbox"/> Venous duplex bilateral <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Lower Extremities	93960
		<input type="checkbox"/> Venous duplex unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER	93971
		<input type="checkbox"/> Vascular Screening Package (Self-Pay)	\$120.00
		<input type="checkbox"/> Vascular Age Screening (CIMT)	\$120.00

CARDIAC NUCLEAR MEDICINE

ECHOCARDIOGRAM

<input type="checkbox"/> Myocardial Perfusion Imaging with <input type="checkbox"/> Exercise <input type="checkbox"/> Adenosine <input type="checkbox"/> Regadenoson <input type="checkbox"/> Agent TBD by cardiologist	78452, 93015	<input type="checkbox"/> Echocardiogram Transesophageal (TEE) (requires: BMP, CBC, PT/INR results MUST be within 2wks old)	93312, 93320, 93325, C8924, 76376
<input type="checkbox"/> Myocardial Perfusion Imaging w/ tl201 viability	78452	<input type="checkbox"/> Echocardiogram Stress (w/ contrast, Strain & 3D if needed) <input type="checkbox"/> Dobutamine <input type="checkbox"/> Bike <input type="checkbox"/> Treadmill	93351, 93320, 93325, (C8930, 93356, 76376)
<input type="checkbox"/> CV Radionuclide Angiography (MUGA) rest only	78472	<input type="checkbox"/> Echocardiogram 2d Limited or Follow-up (w/ contrast and/or strain if needed)	93308, (C8924, 93356)
<input type="checkbox"/> CV PYP scan for cardiac amyloidosis	78469	<input type="checkbox"/> Echocardiogram complete w/ contrast, strain & 3D if needed	93306, (C8929, 93356, 76376)
<input type="checkbox"/> Exercise Treadmill (no imaging)	93017	<input type="checkbox"/> 2D Echo complete w/ contrast, strain and 3D if needed <input type="checkbox"/> Dysynchrony study (pre Bi-V pacemaker) <input type="checkbox"/> AV or VV optimization (post Bi-V pacemaker)	93306, (C8929, 93356, 76376)
		<input type="checkbox"/> LVAD Evaluation <input type="checkbox"/> Surveillance Echo Protocol <input type="checkbox"/> Evaluation for Pump malfunction, pump thrombosis, hemolysis protocol	93306, C8929
		<input type="checkbox"/> Speed Change <input type="checkbox"/> Optimization, HF, and/or Opening protocol <input type="checkbox"/> Heart Recovery Protocol <input type="checkbox"/> Pump Thrombosis (Ramp Study)	

CARDIAC PET/CT

<input type="checkbox"/> Cardiac PET Myocardial Perfusion Imaging	78492, 048T
<input type="checkbox"/> Cardiac PET Myocardial Perfusion Imaging with Viability Assessment	78492, 78459, 0482T
<input type="checkbox"/> Cardiac PET Viability Assessment Only	78459
<input type="checkbox"/> Cardiac PET Sarcoidosis Assessment	79491, 78459, 0482T
<input type="checkbox"/> Cardiac PET Endocarditis/Infection/Device Assessment	78459

EKG

<input type="checkbox"/> 12-Lead EKG	93005
<input type="checkbox"/> Holter Monitor: <input type="checkbox"/> 24 Hr <input type="checkbox"/> 48 Hr	93226

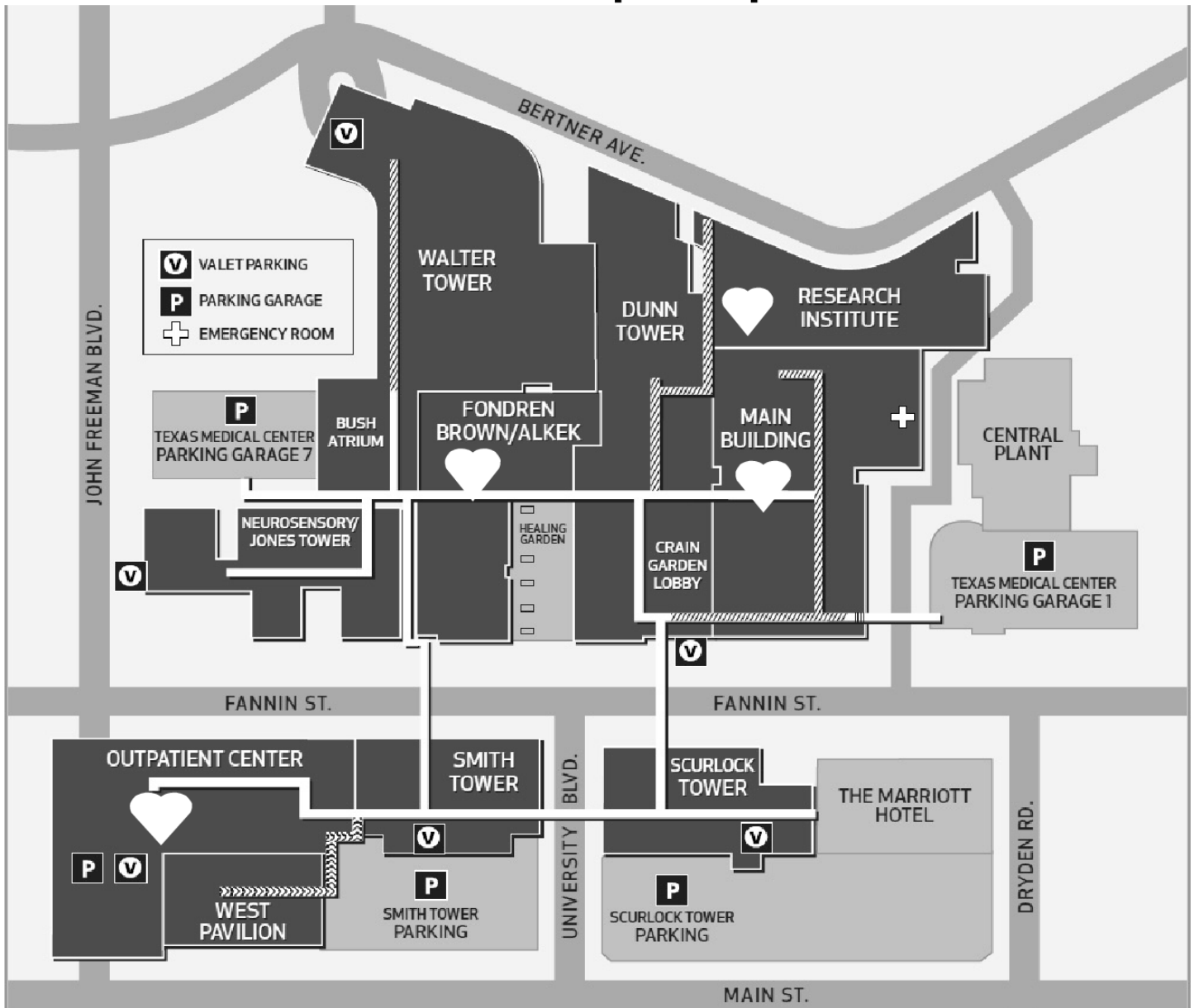
REQUIREMENT: LATEST HISTORY & PHYSICAL, RECENT LAB RESULTS, PREVIOUS CARDIAC IMAGING STUDY REPORTS

FAX ORDER SHEET WITH THE REQUIRED DOCUMENTS TO 713.791.5075

FOR MORE INQUIRIES CALL 713.441.6550

Houston Methodist DeBakey Heart & Vascular Imaging Center

HMH Campus Map



Fondren Building 9th Floor Suite F9-922: Cardiac CT, Nuclear Stress Testing, Echocardiogram, TEE & Vascular Ultrasound

Check-in: 1st floor Main Building, Patient Access Location if not pre-registered. If pre-registered, report to Fondren Building, 9th Floor, Cardiovascular Imaging Reception.

Outpatient Center (OPC) 16th Floor: Cardiac CT, Cardiac PET, Cardiac MRI, Echocardiogram, Vascular Ultrasound

Check-In: OPC 2nd Floor registration desk

Main Building 2nd Floor Suite M251: Cardiac MRI

Check in on the 1st floor at Patient Access Location in the Main Building

*For any scheduling questions or concerns, call Centralized Scheduling at 713.441.6550