Practice Location	Ordering Physician	Date
9000 MSM SonoNet Office		

Patient Name	Insurance ☐ Government (Medicare, etc) ☐ Commercial	DOB

Appt Date	Tech	Date of Last Exam (circle) 6 mos. 12 mos. 18 mos. 24 mos.

Risk Factors: (please circle) Family History V17.4* | Diabetes, NOS 250.00 | Diabetes w/ PAD 250.70 | Hyperlipidemia 272.4 | Morbid Obesity 279.0* | Tobacco Abuse 305.1 | Suspected Cardiovascular Disease V71.7

Cardiac

RHEUMATIC HEART DISEASE		
	391.9	Acute Rheumatic Heart Disease
	394.0	Mitral Stenosis
	394.2	Mitral Stenosis w/insufficiency
	394.9	Mitral Valve Disease, other, unspecified
	396.9	Mitral & Aortic Valve Disease
HYPERTENSION		
	401.0	Essential Hypertension, malignant
	401.1	Essential Hypertension, benign
	402.01	Hypertensive Heart Disease w/ failure, Malignant
	402.90	Hypertensive Heart Disease w/o failure, unspecified
	405.01	Malignant Renovascular Hypertension
	405.19	Benign Essential Hypertension
ISCHEMIC HEART DISEASE		
	412	Old Myocardial Infarction
	413.0	Angina Decubitus
	414.00	Coronary Atherosclerosis, Unspecified Vessel, native or graft
	414.1*	Aneurysm of Heart (wall)
ENDO or MYOCARDITIS, DYSRHYTHMIAS		
	424.1	Aortic Valve Disorder
	425.4	Cardiomyopathy, NOS
	426.3	Left Bundle Branch Block, NOS
	426.4	Right Bundle Branch Block
	427.2	Paroxysmal Tachycardia
	427.31	Atrial Fibrillation
	428.0	Congestive Heart Failure, unspecified
	428.9	Heart Failure, unspecified
	428.3	Heart Failure, unspecified (*Diastolic Dysfunction)*
	429.9	Heart Disease, unspecified
DISEASE OF ARTERIES AND VEINS		
	440.2*	Atherosclerosis of Ext., unspecified
	441.9	Aortic Aneurysm w/o rupture
	458.0	Orthostatic hypotension
	458.9	Hypotension, unspecified
CONGENITAL ANOMALIES OF HEART		
	746.9	Congenital Anomaly of Heart
SYMPTOMS & COMPLICATIONS		
	785.0	Tachycardia, unspecified
	785.1	Palpitations
	785.2	Cardiac Murmurs
	786.50	Chest Pain, Unspecified
	786.52	Pleuritic Chest Pain
	786.59	Chest tightening, pressure, discomfort
	786.05	Shortness of Breath
	794.31	Abnormal EKG

Check One

	Echo (complete)	*30 minutes*	93306
	Echo (limited)	*30 minutes*	93308 93321 93325
	Stress Echo	*45 minutes*	93351 93321 93325

AAA

	440.0	Atherosclerosis of Aorta
	440.21	Atherosclerosis of Native Arteries w/ Intermittent Claudication
	440.22	Atherosclerosis of Native Arteries w/ Rest Pain
	441.4	Aortic Aneurysm of Unspecified Site w/o mention of rupture
	442.2	Aneurysm of Iliac Artery
	443.9	Peripheral Vascular Disease, unspecified (PVD)
	444.0	Embolism & Thrombosis of Abdominal Aorta
	444.81	Embolism & Thrombosis of Iliac Artery
	785.9	Other Symptoms Involving Cardiovascular System
	789.3	Abdominal or Pelvic Swelling, Mass or Lump, unspecified site

Check One

	Abdominal Aorta	*30 minutes*	93978 (NPO 6 hours)
	AAA Screening	*20 minutes*	G0389 "Welcome to Medicare" Only

Carotid

	342.90	Hemiplegia, unspecified side
	344.9	Paralysis, unspecified
	348.30	Encephalopathy, unspecified
	362.31	Central Retinal Artery Occlusion
	433.10	Occlusion/stenosis of Carotid artery w/o cerebral infarction
	437.9	Cerebrovascular Disease, unspecified
	442.81	Aneurysm of Artery, Neck
	780.2	Syncope & Collapse
	781.94	Facial Weakness
	781.2	Abnormality of Gait
	781.3	Lack of Coordination
	781.4	Transient Paralysis of Limb
	782.0	Disturbance of Skin Sensation
	784.3	Aphasia
	784.5	Other Speech Disturbance
	785.9	Other Symptoms Involving Cardiovascular System *(Bruit)*

Check

	Carotid (complete)	*30 minutes*	93880

ABI - Arterial

	440.0	Atherosclerosis of Aorta
	440.20	Atherosclerosis of the extremities
	440.21	Atherosclerosis of Arteries w/Intermittent Claudication
	442.0	Aneurysm of Artery, Upper Extremity
	442.3	Aneurysm of Artery, Lower Extremity
	444.21	Arterial Embolism & Thrombosis, upper
	444.22	Arterial Embolism & Thrombosis, lower
	443.9	Peripheral Vascular Disease, unspecified (PVD)
	729.5	Pain in soft tissue of limb
	785.4	Gangrene
	785.9	Other symptoms involving cardiovascular system
	904.8	Injury to Blood Vessels of LE, unspecified
	V67.09	Follow-up Exam Following Surgery

Venous

	451.2	Phlebitis & Thrombophlebitis of Lower Ext.
	453.40	Venous Embolism & Thrombosis of Unspec. Deep Vessels, LE
	454.8	Varicose Veins, LE w/ other complications
	707.10	Ulcer of Lower Limb, unspecified
	729.5	Pain in Limb
	729.81	Swelling of Limb
	782.3	Edema
	785.4	Gangrene
	786.05	Shortness of Breath
	786.52	Painful Respiration

Check One

	Ankle Brachial Index	*15 minutes*	93922—Rest 93923—Exercise
	Arterial (bilateral)	*60 minutes*	93925 *-(prior positive ABI req.)*
	Arterial (unilateral)	*45 minutes*	93926 *-(prior positive ABI req.)*
	Venous (bilateral)	*45 minutes*	93970
	Venous (unilateral)	*30 minutes*	93971
	Arterial (upper ext)	*60 minutes*	93930 *(prior positive ABI req.)*

Additional :

*** = specify 5th digit**

KC042011
STL042011

MSMancina, M.D. & Associates, P.A.

901 W 43rd Street
Kansas City, MO 64111
(816) 569-2200 *office*
(816) 581-2086 *fax*

www.sononet.us

Provider Signature - *(Required)*