Wahiawa General Hospital
"Never Out Of Touch"

CARDIOPULMONARY

OUTPATIENT SERVICES REQUISITION

128 Lehua Street, Wahiawa 96786
Phone: (808) 621-4390 Fax: (808) 621-4132

Patient Label

PATIENT'S LAST NAME:	**FIRST NAME:**	
PHONE NUMBER:	**DOB:**	**SEX:**

INSURANCE/PRE-AUTHORIZATION NUMBER:

SCHEDULE DATE & TIME:

□ **Call To:**

□ **Fax To:**

DATE OF INJURY/ONSET:

□ **Copy To:**

□ **FASTING** □ **NON-FASTING** □ **STAT**

REQUIRED: REASON FOR TEST/CONSULTATION: (***"Rule Out", "Routine" or "History of" not acceptable***):

□ Chest Pain □ Dyspnea □ Palpitations □ Edema □ CHF □ CAD □ Syncope □ Stroke/TIA
□ Abnormal EKG □ Abnormal Stress Test □ Abnormal Echocardiogram
□ Other:

EXAM/TEST	CPT CODES	PULMONARY FUNCTION TESTS	CPT CODES
□ Treadmill Stress Test	93017	□ Spot Check Oximetry	94760*b
□ Echocardiogram	93306	□ Nocturnal Oximetry	94762*b
□ 24 hour Holter Monitor	93225*b	□ Exercise Oximetry	94761*b
□ EEG	95812-95824	□ Spirometry	94010
□ Cardiolite Treadmill Stress Test**/NM Myocardiol Stress Imaging	93017/78452	□ Complete PFT	94060
		□ Diffusion Capacity (DLCO)	94720
□ Adenosine/Lexiscan Stress Test**/NM Myocardiol Stress Imaging	93017/78452	□ Lung Volumes	94260
		□ Airway Resistance	
□ EMG-NCV *Specify Extremity to be tested:*	95860-95904	□ *If all the above tests are selected, follow PFT protocol.*	
□ *Upper - (circle) Right Left Bilat*		□ MVV	94200
□ *Lower - (circle) Right Left Bilat*		□ Arterial Blood Gases	82803
□ EKG			

Additional Tests/Comments :

Signature:_____,MD **Print Name:**_____,MD **Date:**_____

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will Be Sought. *Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. Complete the ABN for tests that Medicare will not consider "medically necessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.noridianmedicare.com (Part B). [*] Asterisk or [*b] indicates test is governed by a coverage determination.*