

**Daniel Rockey, MD**

23650 Commerce Park, Suite B  
Beachwood, OH 44122

P: 216.273.8010  
F: 216.378.9005

Date: \_\_\_\_\_ Requesting Evaluation and Procedure for Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Skilled Nursing Facility:  Yes  No If Yes, Facility Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Hospice Patient:  Yes  No Facility Address: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### Fax with Demographics and insurance information

Ankle Brachial Index - 93922  
 Wrist Brachial Index - 93922  
 Lower Extremity Segmental - 93923  
 Upper Extremity Segmental - 93923  
 Art Duplex Complete - 93925/93930  
 Art Duplex Limited - 93926/93931  
 I70.209 ASD of Native Arteries of the Extrem  
 I70.219 ASD w/Intermittent Claudication  
 I70.229 ASD w/Rest Pain  
 I70.25 ASD w/Ulceration  
 I70.269 ASD w/Gangrene  
 I74.8 Emb & Thromb Other Artery  
 R09.89 Bruit  
 M79.609 Pain in Limb  
 Z01.818 Other Preprocedural Examination  
 Complication of Vascular Prosthetic Devices, Implants and Grafts. Please Specify the Complication: \_\_\_\_\_

Laterality:  Right  Left  Bilateral  
 Area of Concern:  Thigh  Calf  Ankle  
 Heel & Midfoot  Unspecified

Venous Duplex Limited - 93971  
 Venous Duplex Complete - 93970  
 Lower Extremity  
 Upper Extremity  
 I82.4 Acute Embolism/Thromb of Veins of LE  
 I82.5 Chronic Embolism/Thromb of Veins of LE  
 I82.6 Acute Embolism/Thromb of Veins of UE  
 I82.7 Chronic Embolism/Thromb of Veins of UE  
 I83.899 Varicose Veins of Lower Ext w/other Complications; Edema, Pain, Swelling  
 I83.009 Varicose Veins of LE w/Ulcer  
 I83.10 Varicose Veins of LE w/Inflammation  
 I87.2 Venous (Peripheral) Insufficiency, Unspec  
 M79.609 Pain in Limb  
 M79.89 Swelling of Limb

Laterality:  Right  Left  Bilateral  
 Area of Concern:  Deep Veins  Iliac  Tibial  
 Subclavian  Femoral  Popliteal  Axillary  
 Jugular  Brachial  Radial  Ulnar  
 Superficial Veins  Unspecified

Renal Ultrasound Complete - 76770  
 Renal Ultrasound Limited - 76775  
 Bladder Ultrasound - 76775  
 N13.5 Stricture of Ureter  
 N17.9 Acute Kidney Failure (Unspecified)  
 N18.1 CKD Stage I  
 N18.2 CKD Stage II  
 N18.3 CKD Stage III  
 N18.4 CKD Stage IV  
 N18.5 CKD Stage V  
 N18.6 End Stage Renal Disease  
 N18.9 Chronic Kidney Disease, Unspecified  
 N20.0 Calculus of Kidney  
 N20.1 Calculus of Ureter  
 N13.30 Hydronephrosis  
 N32.0 Bladder Neck Obstruction  
 R33.9 Retention of Urine, Unspecified  
 R30.0 Dysuria  
 R35.0 Urinary Frequency  
 R31.9 Hematuria  
 R80.3 Proteinuria

Carotid Complete Ultrasound - 93880  
 H34.00 Transient Retinal Arterial Occlusion  
 R09.89 Bruit (Arterial); Weak Pulse  
 I65.29 Occlusion & Stenosis of Carotid Art  
 I63.239 Occlusion & Stenosis of Carotid Artery w/ Cerebral  
 Infarction  
 G45.9 Transient Ischemic Attack (TIA)  
 R55 Syncope & Collapse  
 R42 Dizziness & Giddiness

Fistula/Graft Ultrasound - 93990  
 T82.818A Embolism of Vascular Prosthetic Devices, Implants and Grafts  
 T82.828A Fibrosis of Vascular Prosthetic Devices, Implants and Grafts  
 T82.838A Hemorrhage of Vascular Prosthetic Devices, Implants and Grafts  
 T82.848A Pain of Vascular Prosthetic Devices, Implants and Grafts  
 T82.858A Stenosis of Vascular Prosthetic Devices, Implants and Grafts  
 T82.868A Thrombosis of Vascular Prosthetic Devices, Implants and Grafts  
 T82.898A Other Specified Complication of Vascular Prosthetic Devices, Implants and Grafts. Please specify the complication: \_\_\_\_\_  
 Z01.818 Other Preprocedural Examination

Renal Artery Ultrasound - 93975  
 R10.9 Abdominal Pain, Unspecified Site  
 R10.12 Abdominal Pain, LUQ  
 R10.13 Epigastric Pain  
 N28.0 Vascular Disorder of Kidney  
 I10 Essential Hypertension, Unspecified  
 I70.1 Renal Artery Atherosclerosis  
 N28.89 Oth Spec. Disorders Kidney/Ureter  
 R10.11 Abdominal Pain RUQ

Thyroid Ultrasound - 76536  
 E01.2 Iodine Deficiency Goiter  
 E03.9 Hypothyroidism  
 E04.9 Enlarged Thyroid (Goiter)  
 R22.1 Neck Mass  
 E04.1 Thyroid Cyst  
 E07.9 Thyroid Disorder, Unspecified

Other Exam Not Listed  
 \_\_\_\_\_  
 Other ICD10 Code Not Listed  
 \_\_\_\_\_

Upper Vein Mapping (for creation of dialysis fistula) - G0365 (93970, 93971)  
 Lower Extremity Vein Mapping  
 N18.4 Chronic Kidney Disease-Stage IV  
 N18.5 Chronic Kidney Disease-Stage V  
 N18.6 End Stage Renal Disease  
 N18.9 Chronic Kidney Disease, Unspecified  
 N28.89 Oth Spec. Disorders Kidney/Ureter  
 Z01.818 Other preprocedural examination  
 Complication of Vascular Prosthetic Devices, Implants and Grafts. Please specify the complication: \_\_\_\_\_

Aortic Ultrasound - 93978  
 I71.4 Abdominal Aneurysm  
 I70.219 ASD w/Claudication  
 I73.9 Peripheral Vascular Disease Unspecified  
 I74.11 Embolism/Thrombosis Thoracic Aorta  
 R19.00 Pulsatile Abdominal Mass