

## Humboldt County Referral Form – Specialty Guidelines

### ST JOSEPH HEALTH CARDIOLOGY SPECIALTY GUIDELINES

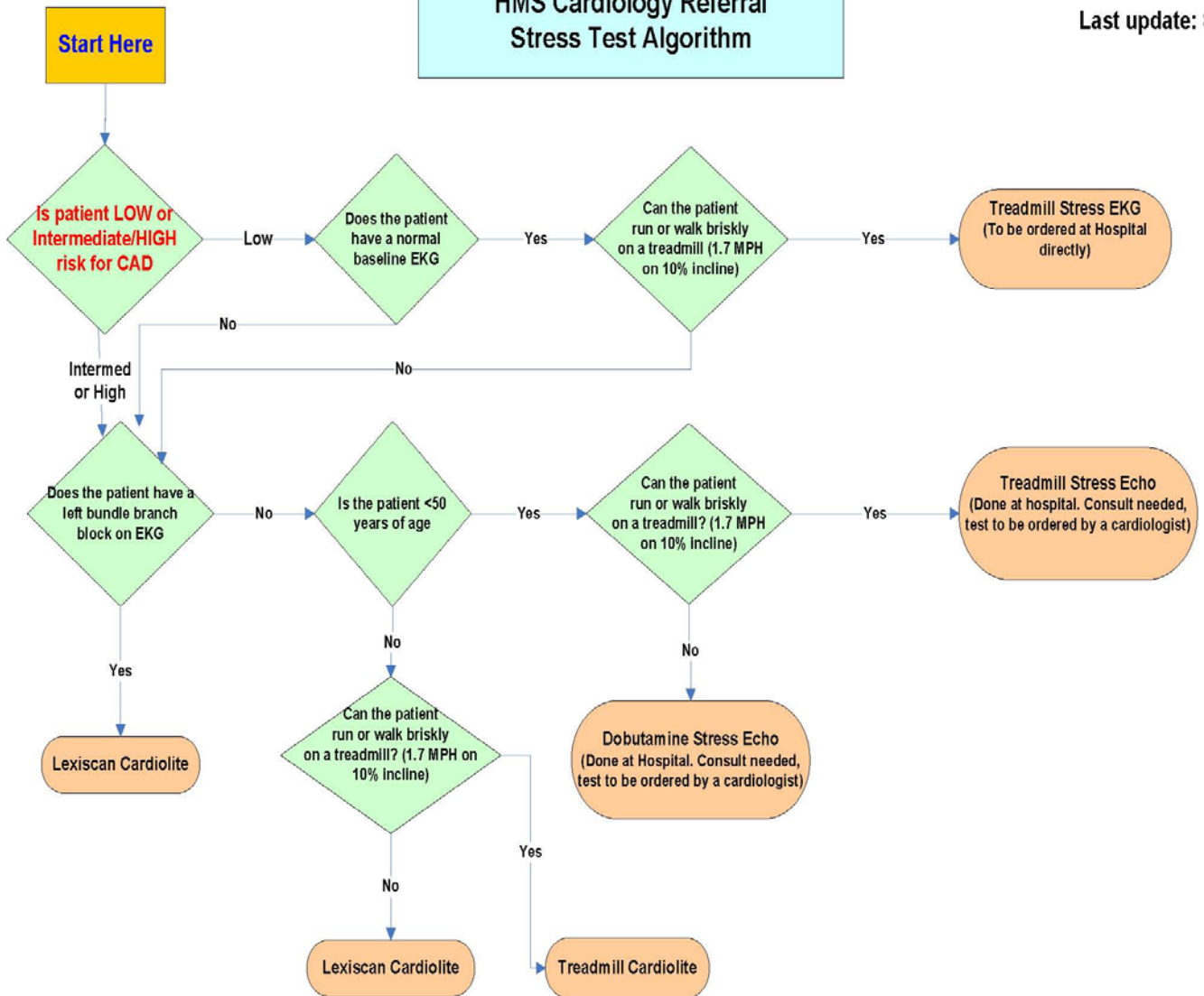
- **Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.**
- **Contact Cardiologist office directly if/when you have questions regarding a specific patient and/or clinical signs/symptoms not listed.**
- **ALL labs should include at least a basic metabolic panel & lipid panel and should have been conducted within the past year.**
- **Referral fax: 707-444-8004**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<b>ARRHYTHMIA (bradycardia, tachycardia, heart block, ablation, bundle branch block, palpitations, PVCs, PACs SVT, afib, aflutter)</b>	H&P, ECG tracings & interp., prior echo/Holter/event recorder, labs ( <u>including TSH</u> )	
<b>CONGENITAL HEART DISEASE</b>	H&P, ECG tracings & interp., prior echo/stress test/cath., labs, cardiac surgical reports	
<b>CORONARY DISEASE/CHEST PAIN</b>	H&P, ECG tracings & interp., prior echo/stress test/cath./cardiac surgery, lab	
<b>ECHOCARDIOGRAM</b>	Submit order with referral	93306 – auth required
<b>HEART FAILURE/DYSPNEA (CARDIOMYOPATHY)</b>	H&P, ECG tracings & interp., prior echo/stress test/cath./cardiac surgery, labs	
<b>HEART VALVE PROBLEM (mitral, aortic, tricuspid, pulmonic)</b>	H&P, ECG tracings & interp., prior echo/stress test/cath., cardiac surgery records, labs	
<b>HYPERTENSION</b>	H&P, ECG tracings & interp., prior echo, labs	
<b>MURMUR</b>	H&P, ECG tracings & interp., prior echo	
<b>PRE-OP</b>	H&P, ECG tracings & interp., prior echo/stress test/cath., labs	
<b>STRESS TEST</b>	See Stress Test Algorithm. Submit order with referral.	<b>EKG Treadmill</b> 93015 (no auth required) <b>Chemical Stress Test</b> 78456, A9500,93015 (auth required)

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## HMS Cardiology Referral Stress Test Algorithm

Last update: 8/24/15





# 23<sup>rd</sup> Street Diagnostic Center Service Request

**Scheduling Department**

Sandy: (707) 269-1514  
 Sarah: (707) 269-1504  
 Fax: (707) 444-8004

Provider:	Provider Signature:		Date:
Provider Fax:	Provider Phone:		Requested by:
Patient Name:	Diagnosis:	D.O.B.	Appointment Date/Time:
<i>Referring Provider Authorization # Required</i>			

**PLEASE SELECT DESIRED TEST TO BE ORDERED**

\*These tests will only be performed on patients age 16 and older\*

- EKG (93000)
- Resting Echocardiogram (93306)
- Lexiscan w/ Cardiolute (78452, A9500, 93015, J2785)
- Treadmill w/ Cardiolute (78452, A9500, 93015)

Height	Weight
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Height	Weight
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ANY ADDITIONAL STRESS TESTS BEING ORDERED MAY REQUIRE THE PATIENT SEE A  
 CARDIOLOGIST IN CONSULTATION PRIOR TO SCHEDULING.

DIAGNOSTIC TESTS SUCH AS REGULAR TREADMILL'S (ETT), HOLTERS AND EVENT  
 MONITORS SHOULD BE DIRECTLY REFERRED TO A FACILITY OF YOUR CHOICE.

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