

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.**
- Referrals must include all prior cardiology records
- Copies of valid insurance card and complete detailed ERAF sheet must be included
- 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: 707-476-2895

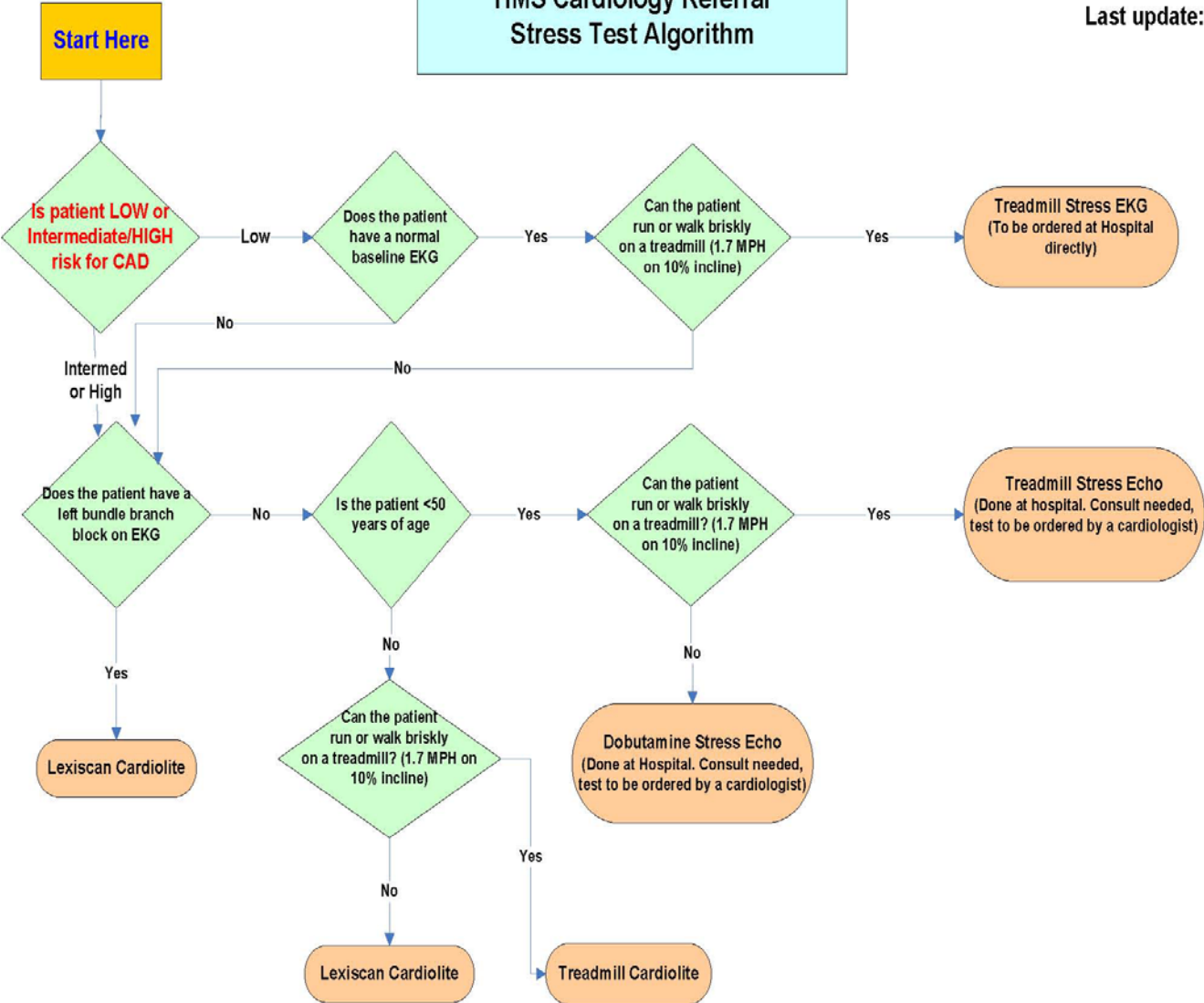
Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
ARRHYTHMIA (bradycardia, tachycardia, heart block, ablation, bundle branch block, palpitations, PVCs, PACs SVT, afib, aflutter)	H&P, ECG tracings & interp., prior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

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		A9500,93015 (auth required)
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HMS Cardiology Referral Stress Test Algorithm

Last update: 8/24/15



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23rd 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/ Cardiolite (78452, A9500, 93015, J2785)
- Treadmill w/ Cardiolite (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.