



**Cardiovascular Computed Tomography Laboratory
Weill Cornell Imaging at New York Presbyterian Hospital**

520 East 70th Street, New York, NY 10021 – Phone 646-962-3355; Fax 212-746-8561

STEP 1: SELECT TEST																				
<input type="checkbox"/> Coronary CT Angiogram with Ultra Low-Dose Radiation Protocol (without LV function) [CPT 75574] <input type="checkbox"/> Add Calcium Score																				
<input type="checkbox"/> Coronary CT Angiogram with Standard Protocol (with LV function) [CPT 75574] <input type="checkbox"/> Add Calcium Score																				
<input type="checkbox"/> Calcium Score CT Only [CPT 75571]																				
STEP 2: PHYSICIAN INFO		Referring Physician																		
Physician NPI #	Physician Address																			
Physician Phone #	Physician Fax #																			
STEP 3: PATIENT INFO		Patient Name (last, first)																		
Patient Phone #	Patient Address																			
Date of Birth	Medical Record #	Primary Insurance Carrier																		
Insurance ID #	Pre-authorization required? <input type="checkbox"/> no <input type="checkbox"/> yes → if yes, authorization #																			
STEP 4: CLINICAL INFO		Last Creatinine Level and Date																		
		Contrast Allergy? <input type="checkbox"/> no <input type="checkbox"/> yes																		
Clinical History (in words; important for insurance pre-authorization)		Indicate if prior: <input type="checkbox"/> stent <input type="checkbox"/> CABG																		
Diagnosis Code (please select one of the common covered codes listed below): <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Precordial pain 786.50</td> <td><input type="checkbox"/> Chest pain, other 786.59</td> <td><input type="checkbox"/> Shortness of breath 786.05</td> </tr> <tr> <td><input type="checkbox"/> Old Myocardial Infarction 412</td> <td><input type="checkbox"/> Angina pectoris 413.0-9</td> <td><input type="checkbox"/> Coronary atherosclerosis 414.0-7</td> </tr> <tr> <td><input type="checkbox"/> Cardiovascular, abnormal function study, unspecified 794.30</td> <td><input type="checkbox"/> Cardiovascular, abnormal electrocardiogram (ECG) 794.31</td> <td><input type="checkbox"/> Pulmonary embolism and infarction, other 415.19</td> </tr> <tr> <td><input type="checkbox"/> Chronic ischemic heart disease 414.9</td> <td><input type="checkbox"/> Aorta dissection, unspecified 441.00</td> <td><input type="checkbox"/> Aortic valve disorders 424.1</td> </tr> <tr> <td><input type="checkbox"/> Coronary artery anomaly 746.85</td> <td><input type="checkbox"/> Chronic pulmonary heart disease 416.0</td> <td><input type="checkbox"/> Anomaly of aorta, unspecified 747.20</td> </tr> <tr> <td><input type="checkbox"/> Coarctation of aorta 747.10</td> <td><input type="checkbox"/> Anomalies of aortic arch 747.21</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> Precordial pain 786.50	<input type="checkbox"/> Chest pain, other 786.59	<input type="checkbox"/> Shortness of breath 786.05	<input type="checkbox"/> Old Myocardial Infarction 412	<input type="checkbox"/> Angina pectoris 413.0-9	<input type="checkbox"/> Coronary atherosclerosis 414.0-7	<input type="checkbox"/> Cardiovascular, abnormal function study, unspecified 794.30	<input type="checkbox"/> Cardiovascular, abnormal electrocardiogram (ECG) 794.31	<input type="checkbox"/> Pulmonary embolism and infarction, other 415.19	<input type="checkbox"/> Chronic ischemic heart disease 414.9	<input type="checkbox"/> Aorta dissection, unspecified 441.00	<input type="checkbox"/> Aortic valve disorders 424.1	<input type="checkbox"/> Coronary artery anomaly 746.85	<input type="checkbox"/> Chronic pulmonary heart disease 416.0	<input type="checkbox"/> Anomaly of aorta, unspecified 747.20	<input type="checkbox"/> Coarctation of aorta 747.10	<input type="checkbox"/> Anomalies of aortic arch 747.21	<input type="checkbox"/> Other _____
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STEP 5: HEART RATE CONTROL (select one – for optimal test goal heart rate is <65 bpm)																				
<input type="checkbox"/> Patient on beta-blocker with baseline HR <65 bpm <input type="checkbox"/> Contraindication to beta-blocker <input type="checkbox"/> Referring physician will order beta-blocker (suggest atenolol 50mg PO night before and 50mg PO morning of test)																				
STEP 6: PHYSICIAN SIGNATURE:		Date																		