



Holter Monitor Referral Form

Patient Name (Last, First): _____

Patient's Best Phone #: _____

Alternate Patient Phone #: _____

Primary Language: _____

Address: _____

DOB: _____

SSN: _____

Sex: M F

Required for Minors

Parent / Guardian Name: _____

Parent / Guardian Phone #: _____

Primary Insurance: _____

Secondary Insurance: _____

Ordering Physician: _____

Phone #: _____

Address: _____

Fax #: _____

NPI #: _____

Physician Office Contact: _____

Does the patient have a follow-up visit scheduled?
 Yes No If yes, when? _____

Physician Statement

I certify that I am referring the above-named patient for Holter Monitoring and to the best of my knowledge this test is medically necessary in order to diagnose the patient. I understand that the diagnostic testing provider will not provide a diagnosis, nor will they recommend any therapeutic treatment for this patient.

Physician Signature

Date

PLEASE SEND COPIES OF THE FRONT AND BACK OF THE PATIENT'S INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, AND CLINICAL NOTES.

Fax the completed order to 860-359-4443.

Procedure

- 24-hour Holter (93224)
- 72-hour Holter (0295T)

Medicare Accepted ICD-10 Codes (select all that apply):

Additional codes exist. Add below in "Other" if desired.

- I25.3 Aneurysm of heart
- I20.0-120.9 Angina pectoris
- I48.0 Atrial fibrillation, paroxysmal
- I48.1 Atrial fibrillation, persistent
- I48.2 Atrial fibrillation, chronic
- I48.92 Atrial flutter
- I44.0 Atrioventricular block, first degree
- I44.1 Atrioventricular block, second degree
- I44.2 Atrioventricular block, complete
- I45.2 Bifascicular block
- R00.1 Bradycardia
- I49.9 Cardiac arrhythmia, unspecified
- I46.2-I46.9 Cardiac arrest
- R01.0-R01.2 Cardiac murmurs and other cardiac sounds
- R07.9 Chest pain, unspecified
- I25.10-I25.9 Chronic ischemic heart disease
- R42 Dizziness and giddiness
- I44.4 Left anterior fascicular block
- I44.7 Left bundle-branch block, unspecified
- I44.5 Left posterior fascicular block
- I45.81 Long QT syndrome
- I25.2 Old myocardial infarction
- R06.01 Orthopnea
- R00.2 Palpitations
- I47.0-I47.9 Paroxysmal tachycardia
- I45.6 Pre-excitation syndrome
- I47.0 Re-entry ventricular arrhythmia
- I45.19 Right bundle branch block, other
- I45.0 Right fascicular block
- R06.02 Shortness of breath
- I49.5 Sick Sinus Syndrome
- I21.0-I21.4 ST elevation and non-ST elevation myocardial infarction
- I22.0-I22.9 Subsequent ST elevation and non-ST elevation myocardial infarction
- I47.1 Supraventricular tachycardia
- R55 Syncope and collapse
- R00.0 Tachycardia, unspecified
- I47.2 Ventricular tachycardia
- Other _____

Interpreting Physician

- Self (same as ordering physician)
- Self with Overread
- Other: _____

PHYSICIANS ANCILLARY SYSTEMS

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www.PhysiciansAncillarySystems.com