



An Affiliate of Hawai'i Pacific Health

98-1079 Moanalua Road ◦ Aiea HI 96701

ECHOCARDIOGRAM OUTPATIENT
REQUEST Scheduling: 808-535-7000
Phone: 808-485-4398
Fax: 808-485-4214
***HHP HMSA AUTHORIZATION REQUEST**
808-522-4174

Date Scheduled: _____	Procedure Time: _____	Register 2nd floor of hospital at: _____
Patient Name: _____		DOB: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Height: _____	Weight: _____	
Medical History: _____		

Echocardiogram – FULL

Echocardiogram – LIMITED (follow up)

STRESS Echocardiogram (*HHP)
Treadmill Pharmacologic

Reason / Clinical Question

General Evaluation

- R07.9** Chest Pain
- R06.02** Shortness of breath
- R00.2** Palpitations
- G45.9** TIA / TIA with bubble study
- I63.9** Stroke
- I74.2** Embolic infarction (peripheral embolic event)
- I57.7 / R94.31** Cardiomegaly by CXR or ECG or CT
- R01.1** Cardiac murmur
- R55** Syncope

Heart Failure

- I50.9** Congestive Heart Failure – initial evaluation
- I38** Heart failure due to valve disease
- I42.9** Cardiomyopathy
- I50.9** Heart failure (unspecified)
- I11.9** Hypertensive heart disease
- Z01.818** Use of cardiotoxic agent (chemotherapy)

Arrhythmia

- I49.3** Frequent PVCs or exercised-induced PVCs
- I48.91** Atrial fibrillation
- I47.19** Supraventricular tachycardia (SVT)
- I47.2** Ventricular tachycardia

Extracardiac Chambers/Others

- I31.9** Pericarditis / Pericardial effusion
- I31.4** Tamponade
- I51.89** Cardiac mass
- I77.810** Aortic root dilation
- I38** Endocarditis
- Q24.9** Congenital heart disease
(details: _____)

Pulmonary Hypertension (PHTN) I27.0

- Pulmonary hypertension
- Routine surveillance (≥ 1 year from last echo)
- PHTN with change in clinical status

Valvular Heart Disease

- I38** AA Initial Evaluation with Valvular Heart Disease
- Z86.79** Re-evaluation of valve disorder for a change in clinical status
- Moderate/severe valvular **stenosis** with no symptoms ≥ 1 year from last echo
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)
- Mild valvular stenosis ≥ 3 years from last echo
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)
- Moderate/severe valvular **regurgitation** with no symptoms ≥ 1 year from last echo
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)
- Initial evaluation of prosthetic heart valve
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)
- Routine surveillance of prosthetic valve ≥ 3 years from last echo
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)
- Prosthetic valve with valve dysfunction
- Circle all that apply: I38 aortic **I05.0** mitral **I07.0** tricuspid **I37.0** pulmonic)

Other (ICD Code): _____

CPT Code: _____		
CPT Description: _____		
Special Instructions: _____		
Copy of Report to: _____		
Ordering Physician: _____	Phone Number: _____	Fax Number: _____
Ordering Physician's Signature: _____	Date: _____	Time: _____

FAX THIS REQUEST WHEN COMPLETED
HHP HMSA PRIOR AUTHORIZATION Request 808 522-4174
Nuclear Medicine Outpatient Request 808 485-4233