

Appointment Date	
Appointment Time	

Patient Details			
Name		DOB	Date

CT SCAN

Head / Neck CTA

CTA Neck w/Contrast - CPT 70498

Indication / clinical question: _____

Chest CTA (one code; choose protocol)

CTA Chest w/Contrast - CPT 71275

Protocol (select ONE): PE protocol Thoracic Aorta protocol

Indication / clinical question: _____

Abdomen / Pelvis / Runoff CTA

CTA Abdomen & Pelvis w/Contrast - CPT 74174

Indication / clinical question: _____

CTA Aorto-Iliofemoral Runoff (abd aorta + bilateral iliofemoral runoff) - CPT 75635

(Use runoff only when lower-extremity runoff is requested; not for abd/pelvis-only access.)

Indication / clinical question: _____

Cardiac CT

Coronary Calcium Score (noncontrast) - CPT 75571

Coronary CTA (coronary arteries ± bypass) w/Contrast - CPT 75574

NOTE: All Cardiac CCTA scans include AI plaque analysis. FFR/Ischemia analysis will be performed if clinically indicated.

PROTOCOL FOCUS (applies to selected study type):

Valve Protocol

LAA Protocol

Stroke Protocol

Congenital

Pulmonary veins

CABG Protocol

TricValve Protocol

Other _____

Mass Protocol

R - R Wanted (To assess Cardiac Motion)

Mass/Tumor

Vegetation/Thrombus

Valve

Other _____

REASON(S) FOR EXAM – PLEASE CHECK ALL THAT APPLY (Covered Indications)

These diagnoses alone meet medical necessity for Cardiac CT / CCTA.

I20.81 Angina with microvascular dysfunction

I50.30 Diastolic CHF

I20.89 Other forms of angina

I50.810 Right heart failure

R06.02 Dyspnea

I42.9 Cardiomyopathy, unspecified

R07.2 Precordial pain

I34.9 Mitral valve disorder

R07.82 Intercostal pain

I35.9 Aortic valve disorder

R07.89 Other chest pain

I71.21 Ascending aortic aneurysm

I25.119 CAD with angina

Q21.9 Atrial/ventricular septal defect

I25.2 Old myocardial infarction

Q23.9 Congenital valve disease

I25.5 Ischemic cardiomyopathy

Q24.5 Coronary artery malformation

I25.799 CABG with chest pain

Q24.9 Congenital heart disease

I50.40 Combined systolic & diastolic CHF

R94.30 Abnormal cardiovascular function study

D15.1 Cardiac mass

OTHER

I authorize the cardiologist to extend this test and premedicate patient as needed for testing. *(Note: CCTA requires HR <60bpm)*

Cash Pay (not covered by insurance deductible - please see website). Cash Code



CT Coronary Angiography Preparation

Outpatient Pre-Medication Instructions for Heart Rate Lowering

BUN/CREATININE <90days Value		Date	
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Take Ivabradine (Corlanor) _____ mg 3 hours before CT scan. (Prescription Given)

Take Metoprolol _____ mg 4 hours before the CT scan. (Prescription Given)

Take _____ mg 4 hours before the CT scan. (Home Medication)

Take _____ mg 4 hours before the CT scan. (Prescription Given)

Take Iodine/Shellfish allergy Protocol as prescribed.

✓ Prednisone 50mg: Taken 13 hours, 7 hours and 1 hour before contrast media injection *(Total 3 doses)*

✓ Benadryl 50mg: Taken 1 hour before contrast media injection

Medications to HOLD

Echo/Ultrasound

Echo 3D w/ Strain – 93306/76377/93356

Ankle Brachial Index (Resting) – 93922

Ambulatory Blood Pressure Monitor (24 hr) - 93784

Exercise ABI (Exercise) – 93924

Carotid Duplex Ultrasound – 93880

Lower Extremity Arterial U/S – 93925

AAA screening ultrasound – 76706

Duplex Venous Lower Ext – 93970

Ambulatory Blood Pressure Monitor (24 hr) – 93925

ECG - 12 Lead – 93000

Extended Holter Monitor (Patch)

Mobile Telemetry - 93228/93229

_____ 7 days (93241-93244) _____ 14 days (93245-93248)

_____ 2 week _____ 4 week

CC: Referred By Physician		CC: Other Physician	
Signature			

Program Overview

Cardiac CT Angiography (CCTA) is a non-invasive CT scan with IV contrast to evaluate coronary artery narrowing/blockage—advanced imaging with premium patient care.

CT Screening + Prep (Contact CT staff if any Yes)

Screening (check all that apply):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Pregnant/nursing | <input type="checkbox"/> Pacemaker/ICD | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Arrhythmia (Afib/PVCs) |
| <input type="checkbox"/> 2nd/3rd AV block | <input type="checkbox"/> Latex allergy | <input type="checkbox"/> Contrast/dye allergy | <input type="checkbox"/> Viagra/Cialis (<i>hold 2 days</i>) |

Before your scan:

- ✓ Arrive 15–30 min early
- ✓ Take HR meds if prescribed
- ✓ Bring labs within 6 months (BUN/Cr) or get labs done before
- ✓ No lotions/jewelry/wire undergarments
- ✓ No caffeine/decaf x12 hrs
- ✓ Nothing by mouth x3 hrs (water ok)

Scheduling & Order Submission (Referring Offices)

Schedule: 813-870-1747

Fax orders: 813-343-6089

Please fax the following for each patient:

- ✓ Order for test requested
- ✓ Diagnosis/indication(s) / reason for study
- ✓ Demographics (plus insurance if using insurance)
- ✓ Most recent office note (With Vitals: BP/HR)
- ✓ Current medication list
- ✓ Labs: BUN / creatinine

Cash Pay: \$700 option available – clearly mark “CASH PAY” on faxed paperwork.

Transparent Cash Pricing

Comprehensive Heart Scan – \$700 Flat Cash Price Includes:

- ✓ CCTA with physician interpretation
- ✓ Clearly AI plaque analysis included (submitted to insurance on your behalf)

If insurance denies AI: no additional charges. If not using insurance: AI available separately (cash rate – please inquire).

Safety Requirements

- ✓ Contrast/iodine allergy: identify prior to scheduling.
- ✓ Renal function: if CKD/risk → creatinine within 2 weeks of scan.

Heart Rate Optimization (Best Image Quality)

Goal: HR < 60 bpm and regular rhythm. Take medications 3-4 hours prior to CCTA (only if instructed/prescribed).

Heart Rate	Medication Protocol (3-4 hrs prior)
HR > 75 bpm	Corlanor 7.5 mg x2 + Toprol XL 75 mg x1
HR 66-75 bpm	Corlanor 7.5 mg x2 + Toprol XL 50 mg x1
HR 50-65 bpm	Corlanor 7.5 mg x2 + Toprol XL 25 mg x1
HR < 50 bpm	No meds needed

Contrast Allergy Pre-Med (If Needed)

Prednisone 50 mg: 13 hrs, 7 hrs, and 1 hr prior

Benadryl 50 mg:

1 hr prior

Questions: Call 813-870-1747 (leave a message if no answer – we will return your call).

Sincerely,

C. Alberto Morales-Pabon, MD