

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: _____

TAVR Heart

TAVR CT Planning (ECG-gated annulus/aortic root + full chest CTA + abd/pelvis access)

Order components (coder reference): 75572 + 71275 + 74174

Add Coronary CTA - CPT 75574 Add-on (only if coronaries are requested)

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):

- | | |
|---|--|
| <input type="checkbox"/> Valve Protocol | <input type="checkbox"/> LAA Protocol |
| <input type="checkbox"/> Stroke Protocol | <input type="checkbox"/> Congenital |
| <input type="checkbox"/> Pulmonary veins | <input type="checkbox"/> CABG Protocol |
| <input type="checkbox"/> TricValve Protocol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mass Protocol | |

R - R Wanted (To assess Cardiac Motion)

<input type="checkbox"/> Mass/Tumor	<input type="checkbox"/> Vegetation/Thrombus
<input type="checkbox"/> Valve	<input type="checkbox"/> Other _____

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

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

- | | |
|--|---|
| <input type="checkbox"/> I20.81 Angina with microvascular dysfunction
<input type="checkbox"/> I20.89 Other forms of angina
<input type="checkbox"/> R06.02 Dyspnea
<input type="checkbox"/> R07.2 Precordial pain
<input type="checkbox"/> R07.82 Intercostal pain
<input type="checkbox"/> R07.89 Other chest pain
<input type="checkbox"/> I25.119 CAD with angina
<input type="checkbox"/> I25.2 Old myocardial infarction
<input type="checkbox"/> I25.5 Ischemic cardiomyopathy
<input type="checkbox"/> I25.799 CABG with chest pain
<input type="checkbox"/> I50.40 Combined systolic & diastolic CHF | <input type="checkbox"/> I50.30 Diastolic CHF
<input type="checkbox"/> I50.810 Right heart failure
<input type="checkbox"/> I42.9 Cardiomyopathy, unspecified
<input type="checkbox"/> I34.9 Mitral valve disorder
<input type="checkbox"/> I35.9 Aortic valve disorder
<input type="checkbox"/> I71.21 Ascending aortic aneurysm
<input type="checkbox"/> Q21.9 Atrial/ventricular septal defect
<input type="checkbox"/> Q23.9 Congenital valve disease
<input type="checkbox"/> Q24.5 Coronary artery malformation
<input type="checkbox"/> Q24.9 Congenital heart disease
<input type="checkbox"/> R94.30 Abnormal cardiovascular function study
<input type="checkbox"/> D15.1 Cardiac mass |
|--|---|

NOT COVERED / CASH PAY ONLY

- | | |
|---|---|
| <input type="checkbox"/> Z13.6 Screening for cardiovascular disorders
<input type="checkbox"/> I10 Hypertension
<input type="checkbox"/> E78.5 Hyperlipidemia
<input type="checkbox"/> E11.9 Type 2 diabetes | <input type="checkbox"/> F17.2 10 Nicotine dependence
<input type="checkbox"/> Z82.49 Family history of ischemic heart disease
<input type="checkbox"/> R10.9 Abdominal pain
<input type="checkbox"/> R93.1 Abnormal cardiac imaging (nonspecific) |
|---|---|

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	
------------------------------	------	--

- 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

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