BLACKSTONE MEDICAL SERVICES
p: 888-710-2727
f: 888-239-4616

PHYSICIANS ORDER FOR MOBILE CARDIAC TELEMETRY

Patient Name: _____ SSN: _____

DOB: _____ Best Daytime Phone # _____ Alternate Phone # _____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ ☐ Male ☐ Female

Primary Insurance: _____ ID No: _____

Secondary Insurance: _____ ID No: _____

Study Requested (CPT-4)

☐ 93229 - Remote 30 days ECG Tech Supp. &
93228 - Remote 30 days ECG Rev/Report
Testing period up to 30 days

Length of Study: ☐ 1 Week ☐ 2 Weeks ☐ 30 Days

Chief Complaint:

_____

_____

Diagnosis Code (ICD-10)

☐ R00.2 Palpitations	☐ I48.1 Persistent Atrial Fibrillation	☐ R00.0 Tachycardia, Unspecified
☐ R42 Dizziness and Giddiness	☐ I48.2 Chronic Atrial Fibrillation	☐ I47.1 Supraventricular Tachycardia
☐ R55 Syncope and Collapse	☐ I48.92 Unspecified Atrial Flutter	☐ I47.2 Ventricular Tachycardia
☐ I48.0 Paroxysmal Atrial Fibrillation	☐ I49.5 Sick Sinus Syndrome	☐ R00.1 Bradycardia, Unspecified
☐ I48.91 Unspecified Atrial Fibrillation	☐ I47.9 Paroxysmal Tachycardia, Unspecified	

Patient is at low risk for a life-threatening cardiac event. Results from this test will provide diagnostic information useful in the ongoing managment of the patient. _____
Initials

Please check one of the following.

☐ Other testing/monitoring has been unrevealing

Prior test performed: _____

Results: _____

☐ The use of a 24-hour Ambulatory ECG is unlikely to capture and record the symptomatic transient or paroxysmal dysrhythmia when the frequency of symptoms is limited. Mobile Cardiac Telemetry is medically necessary.

Physician Name: _____ Phone: _____

Address: _____

Physician Signature: _____ Date: _____

Physician NPI # _____ Office Contact / Title: _____

Fax Results: _____

Notification Criteria

BLACKSTONE MEDICAL SERVICES

Doctor's Office: _____

Person to contact: _____

Business hours: _____

Time Zone: PT ☐ AZ ☐ MT ☐ CT ☐ ET ☐

We will try to call 3 times. Check here if you would only like 1 phone call. ☐

Notifications to be sent to:

Business Hours Contact #: _____

After Hours Contact #: _____

Email address: _____

Fax: _____

☐ **Check the box to choose default notification settings (see below).**

Standard notification by the start of next business day (e-mail only):

- Ventricular tachycardia with 4 beats or more with rates GREATER than 120 bpm
- Idioventricular Rhythm (Sustained for 30 seconds or more)
- Junctional Rhythm (sustained for 30 seconds or more correlating with symptoms)
- SVT (Sustained for 30 seconds or more)
- Atrial flutter, Fibrillation, Intermittent Atrial fibrillation
- Bradycardia with rates less than 40 BPM sustained for one minute
- Cardiac pauses, Asystole if GREATER than 2.5 seconds
- Pacemaker fails to capture
- All second degree Heart Blocks

24 Hours Notification recommended (email and phone call):

NOTE: *We will call the patient to establish clinical symptoms*

- Ventricular fibrillation, Torsades de Pointes
- Cardiac pauses greater than or equal to 3 seconds during waking hours
- 10 beats of VT at a rate greater than or equal to 120 bpm
- Complete Heart Block

Email will contain patient & physician details, summary of abnormal finding and will have the complete report as an attachment.

☐ **Check the box if you would like to make custom settings (indicate variations below).**

Default Notification Criteria	Modify Notification Criteria (optional)	Notify Immediately and call patient (notification will occur 24/7)	Notify During Business Hours Only	Do Not Notify (only Post Reports)
Wide QRS Tachycardia ≥150 bpm (sustained for ≥10 seconds)	≥ _____ (min ≥ 150 bpm) bpm for _____ (10-60 sec) sec	☐	☐	☐
Include OPTIONAL Criteria Wide QRS Tachycardia ≥ 120 bpm (sustained for ≥ 30 seconds)	≥ _____ (120 - 149 bpm) bpm for _____ (30-60 sec) sec	☐	☐	☐
Complete Heart Block (6 beats or greater)	Criteria cannot be modified	☐	☐	☐
Symptomatic 2nd Degree AV Block, Mobitz II	Criteria cannot be modified	☐	☐	☐
Pause, asystole ≥ 3 seconds	≥ _____ sec (Must be 3-20 sec and a whole number)	☐	☐	☐
Pause, asystole ≥ 6 seconds	≥ _____ sec (Must be 3-20 sec and a whole number)	☐	☐	☐
Symptomatic Bradycardia ≤ 40 bpm (sustained for ≥60 seconds)	≤ _____ bpm for 60 sec (must be 21-59 bbm)	☐	☐	☐
Atrial Fibrillation/Atrial Flutter Average Heart Rate ≤40 or ≥180 bpm (sustained for 60 seconds)	≤ _____ (min ≥ 150 bpm) bpm or ≥ _____ (30-60 sec) bpm Sustained for 60 sec	☐	☐	☐
First Documentation of Atrial Fibrillation (sustained for 60 sec)	Criteria cannot be modified	☐	☐	☐
Narrow QRS Tachycardia ≥200 bpm (sustained for 60 sec)	≥ _____ bpm for 60 sec (must be ≥180 bpm)	☐	☐	☐
Ventricular Fibrillation , flutter, Torsades de Pointes	Criteria cannot be modified	☐	☐	☐
Ventricular Tachycardia with ≥4 beats greater than 120bpm	Ventricular Tachycardia with ≥ _____ beats greater than _____ bpm	☐	☐	☐
Ventricular Tachycardia with ≥10 beats greater than 120bpm	Ventricular Tachycardia with ≥ _____ beats greater than _____ bpm	☐	☐	☐
Idioventricular Rhythm (sustained for ≥30 sec)	Idioventricular Rhythm (sustained for ≥ _____ 30 sec)	☐	☐	☐
Junctional Rhythm (sustained for ≥ 30 seconds correlating with symptoms)	Junctional Rhythm (sustained for ≥ _____ seconds correlating with symptoms)	☐	☐	☐
Supraventricular Tachycardia (sustained for ≥30 sec)	Supraventricular Tachycardia (sustained for ≥30 sec)	☐	☐	☐
Pacemaker fails to capture	Criteria cannot be modified	☐	☐	☐