



P: 888.710.2727  
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### 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

#### Chief Complaint:

\_\_\_\_\_  
\_\_\_\_\_

**Length of Study:**  1 week  2 weeks  30 days  48 hours

#### Diagnosis Code (ICD-10)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> R00.2 Palpitations                     | <input type="checkbox"/> I48.2 Chronic Atrial Fibrillation         | <input type="checkbox"/> I47.1 Supraventricular Tachycardia |
| <input type="checkbox"/> R42 Dizziness and Giddiness            | <input type="checkbox"/> I48.92 Unspecified Atrial Flutter         | <input type="checkbox"/> I47.2 Ventricular Tachycardia      |
| <input type="checkbox"/> R55 Syncope and Collapse               | <input type="checkbox"/> I49.5 Sick Sinus Syndrome                 | <input type="checkbox"/> R00.1 Bradycardia, Unspecified     |
| <input type="checkbox"/> I48.0 Paroxysmal Atrial Fibrillation   | <input type="checkbox"/> I47.9 Paroxysmal Tachycardia, Unspecified |   |
| <input type="checkbox"/> I48.91 Unspecified Atrial Fibrillation | <input type="checkbox"/> R00.0 Tachycardia, Unspecified            |   |

#### 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.

By signing below you attest that this patient is at low risk for a life-threatening cardiac event. Results from this test will provide diagnostic information useful in the ongoing management of the patient.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician NPI # \_\_\_\_\_ Office Contact / Title: \_\_\_\_\_

Fax Results: \_\_\_\_\_

*The information contained in the transmittal is confidential. If you have received it in error please contact our office and discard. Thank You.*

# Notification Criteria



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.

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

**Notifications to be sent to:**

Business Hours Contact #: \_\_\_\_\_

After Hours Contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_

**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

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

**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

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)	≥ _____ bpm for _____ sec <small>(min ≥ 150 bpm) (10-60 sec)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include OPTIONAL Criteria Wide QRS Tachycardia ≥ 120 bpm (sustained for ≥ 30 seconds)	≥ _____ bpm for _____ sec <small>(120 - 149 bpm) (30-60 sec)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Heart Block (6 beats or greater)	Criteria cannot be modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic 2nd Degree AV Block, Mobitz II	Criteria cannot be modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pause, asystole ≥ 3 seconds	≥ _____ sec <small>(Must be 3-20 sec and a whole number)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pause, asystole ≥ 6 seconds	≥ _____ sec <small>(Must be 3-20 sec and a whole number)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic Bradycardia ≤ 40 bpm (sustained for ≥60 seconds)	≤ _____ bpm for 60 sec <small>(must be 21-59 bpm)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation/Atrial Flutter Average Heart Rate ≤40 or ≥180 bpm (sustained for 60 seconds)	≤ _____ bpm or ≥ _____ bpm <small>(min ≥ 150 bpm) (30-60 sec) Sustained for 60 sec</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Documentation of Atrial Fibrillation (sustained for 60 sec)	Criteria cannot be modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrow QRS Tachycardia ≥200 bpm (sustained for 60 sec)	≥ _____ bpm for 60 sec <small>(must be ≥180 bpm)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Fibrillation , flutter, Torsades de Pointes	Criteria cannot be modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Tachycardia with ≥4 beats greater than 120bpm	Ventricular Tachycardia with ≥ _____ beats greater than _____ bpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Tachycardia with ≥10 beats greater than 120bpm	Ventricular Tachycardia with ≥ _____ beats greater than _____ bpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idioventricular Rhythm (sustained for ≥30 sec)	Idioventricular Rhythm (sustained for ≥ _____ 30 sec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junctional Rhythm (sustained for ≥ 30 seconds correlating with symptoms)	Junctional Rhythm (sustained for ≥ _____ seconds correlating with symptoms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supraventricular Tachycardia (sustained for ≥30 sec)	Supraventricular Tachycardia (sustained for ≥30 sec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker fails to capture	Criteria cannot be modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>