MEDICARE CORONARY DX LIST

ANGINA DECUBITUS 413.0
PRINZMETAL ANGINA 413.1
OTHER AND UNSPECIFIED ANGINA PECTORIS 413.9
CAD OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT 414.00
CAD OF NATIVE CORONARY ARTERY** 414.01
CAD OF AUTOLOGOUS BIOLOGICAL BYPASS GRAFT** 414.02
CAD OF AUTOLOGOUS VEIN BYPASS GRAFT** 414.03
CAD OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT** 414.04
CAD OF ARTERY BYPASS GRAFT** 414.05
ANEURYSM OF CORONARY VESSELS 414.11
DISSECTION OF CORONARY ARTERY 414.12
OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED 414.8
CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED 414.9
CORONARY ARTERY ANOMALY, CONGENITAL 746.85
CHEST PAIN, UNSPECIFIED** 786.50
PRECORDIAL PAIN** 786.51
OTHER CHEST PAIN** 786.59
ABNORMAL CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED 794.30

Yes No Allergy to Radiopaque contrast media, iodine or shellfish?
If yes, pre-medicate for contrast reaction/shellfish reaction.
Rx: Prednisone: 60mg po @ 10pm the night before the scan and 1 hour before the scan.
Beradryn: 50mg po 1 tablet @ 10pm the night before the scan and 1 hour prior to scan.
Pepcid: 40mg po 1 tablet @ 10pm the night before the scan and 1 hour prior to scan.
OR Medrol! Med Pack (if patient is unable to tolerate prednisone)

Yes No Heart rate: __________________ Date: ____________
If heart rate is > 70 bpm, PO beta Blockers is indicated.
Rx: Metoprolol: 50mg po at 6pm the night prior to scan and 1 hour prior to scan

Yes No Baseline BMP ordered. REQUIRED within 30 days of scan, Place of Service: ____________

Yes No Is patient a diabetic?

Yes No Is the patient on Metformin, Glucophage, Glucovance or Avandamet. If yes, instruct patient to hold on the day of the scan.

Yes No EKG obtained. REQUIRED within 30 days of scan, Sinus arrhythmia or atrial fibrillation – Notify Physician.

Yes No Does patient have a pacemaker or ICD? If yes, advice patient that the device may be “turned down” immediately prior to the scan and “turned up” immediately follow the scan.

Yes No Does the patient suffer from claustrophobia or appear anxious regarding the scan?
If yes, consider medication for anxiety. (Patient will need to be accompanied by a driver.)
Rx: ______________________________

Yes No If the patient is female and between the age of 15 and 50, then a serum Beta HCG will be done.

Physician’s signature ____________________________ Date: ____________