



CARDIOPULMONARY REHABILITATION & FITNESS

2435 FOREST DRIVE
COLUMBIA, SC 29204

P (803) 256-5463

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120 GATEWAY BLVD
COLUMBIA, SC 29203

**Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease
CPT 93668**

Patient name: _____ DOB: _____ Phone #: _____

Qualifying ABI(<.95) Date: _____ Rest ABI (L) _____ (R)

Referring physician:(printed name) _____

Please check appropriate location of disease and ICD 10 code. NOTE: **ALL MUST BE SYMPTOMATIC**

Intermittent Pain

- _____ Right leg ---170.211
- _____ Left leg ---170.212
- _____ Bilateral legs ---170.213
- _____ Other extremity ---170.218

Bypass Grafts / Pain

- _____ Right leg ---170.311
- _____ Left leg 170.312
- _____ Bilateral legs ---170.313
- _____ Other extremity ---170.318

Nonbiologic Grafts w/ Pain

- _____ Right leg ---170.611
- _____ Left leg ---170.612
- _____ Bilateral legs ---170.613
- _____ Other extremity ---170.618

Atherosclerosis of Bypass Grafts w/ Pain

- _____ Right leg ---170.711
- _____ Left leg ---170.712
- _____ Bilateral legs ---170.713
- _____ Other extremity ---170.718

✓ Supervised Exercise Therapy for PAD-36 visits over a period of 12 weeks-30-60 minutes per session.

Please enroll my patient in the SET program for Peripheral Arterial Disease.

I attest that this patient has received information regarding cardiovascular disease and PAD risk factor reduction including education, counselling, behavioral interventions, and outcomes assessments. I have seen this patient face to face and have reviewed the above risk factor management information with the patient.

X

Referring Physician Signature

X

Date & Time