

Physicians Order for Diagnostic Imaging

Physician preference for results: <input type="checkbox"/> Report only <input type="checkbox"/> Report and CD <input type="checkbox"/> Routine <input type="checkbox"/> STAT		DATE OF ORDER:
First Name:		Last Name:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		DOB:
Home Phone:		Cell Phone:
Primary Insurance:	Policy ID#:	Authorization #:
Referring Physician:	Physician NPI:	Physician Signature: (Required)
Physician Fax#:	Physician Ph#:	
ICD-10 Codes: DX:		Date
DX:		Clinical History / Signs and Symptom

X-RAY	CPT	ULTRASOUND	CPT	BONE DENSITOMETRY (DEXA)	CPT
<input type="checkbox"/> Abdomen 2 views	74019	ABDOMEN		<input type="checkbox"/> AP Spine and Hip	77080
<input type="checkbox"/> Acute ABD Series w/Chest	74022	<input type="checkbox"/> Complete	76700	<input type="checkbox"/> Peripheral DEXA	77081
<input type="checkbox"/> Ankle 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73610	<input type="checkbox"/> Limited	76705	<input type="checkbox"/> Vertebral Fracture Assessment	77086
<input type="checkbox"/> Calcaneus/Heel 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73650	<input type="checkbox"/> Aorta / AAA Screening	76706	<input type="checkbox"/> AP Spine and Hip with Full Body	76499
<input type="checkbox"/> Chest 3 Views	71047	<input type="checkbox"/> Retroperitoneal Complete	76770	<input type="checkbox"/> Vertebral Fracture Assessment	77085
<input type="checkbox"/> Clavicle <input type="checkbox"/> L <input type="checkbox"/> R	73000	<input type="checkbox"/> Retroperitoneal Limited	76775	PULMONARY FUNCTION TEST	
<input type="checkbox"/> C Spine- 4 or 5 views	72050	PELVIC		COMPLETE PULMONARY FUNCTION STUDY Spirometry with pre/post bronchodilator (as indicated); lung volumes and capacities, diffusing capacity (DLCO). CPT: 94060 CPT: 94727 CPT: 94729	
<input type="checkbox"/> C Spine- W/ Flex 6views	72052	<input type="checkbox"/> Transabdominal Only	76856		
<input type="checkbox"/> Elbow Complete 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73080	<input type="checkbox"/> Transvaginal	76830		
<input type="checkbox"/> Facial Bones 3views min	70150	SCROTUM		<input type="checkbox"/> Spirometry	94010
<input type="checkbox"/> Femur 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73552	<input type="checkbox"/> Scrotum & Contents	76870	<input type="checkbox"/> Spirometry, bronchodilator	94060
<input type="checkbox"/> Finger(s) 2views (Thumb) <input type="checkbox"/> L <input type="checkbox"/> R	73140	SOFT TISSUE NECK		<input type="checkbox"/> Respiratory flow volume loop	94375
<input type="checkbox"/> Foot 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73630	<input type="checkbox"/> Thyroid / Parathyroid	76536	<input type="checkbox"/> Maximum Voluntary Ventilation	94200
<input type="checkbox"/> Forearm 2views <input type="checkbox"/> L <input type="checkbox"/> R	73090	SOFT TISSUE / JOINT NON VASCULAR		<input type="checkbox"/> Lung Volume Determination	94727
<input type="checkbox"/> Hand 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73130	<input type="checkbox"/> Limited	76882	<input type="checkbox"/> Diffusing capacity (DLCO)	94729
<input type="checkbox"/> Hip Unilat w/Pelvis 2-3vws <input type="checkbox"/> L <input type="checkbox"/> R	73502	ABDOMEN / RETROPERITONEAL / SCROTUM		Ankle-Brachial Index (ABI) Study	
<input type="checkbox"/> Hip Bilat w/Pelvis 2v	73521	<input type="checkbox"/> Complete	93975	<input type="checkbox"/> Ankle-Brachial Index	93922
<input type="checkbox"/> Humerus 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73060	<input type="checkbox"/> Limited	93976	<input type="checkbox"/> Comprehensive Evaluation	93923
<input type="checkbox"/> Knee 4 or more views <input type="checkbox"/> L <input type="checkbox"/> R	73564	BILATERAL ARTERIES		EEG / Quantitative EEG	
<input type="checkbox"/> Knees Standing AP	73565	<input type="checkbox"/> Upper Extremity	93930	<input type="checkbox"/> Routine EEG, awake and drowsy	95816
<input type="checkbox"/> L Spine 4views min	72110	<input type="checkbox"/> Lower Extremity	93925	<input type="checkbox"/> Routine EEG, awake and asleep	95819
<input type="checkbox"/> L Spine- W/ F&E=6Views	72114	UNILATERAL ARTERIES		<input type="checkbox"/> DEEG analysis (qEEG, brain mapping)	95957
<input type="checkbox"/> Mandible Panoramic	70355	<input type="checkbox"/> Upper Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93931	OTHER	
<input type="checkbox"/> Nasal Bones 3views min	70160	<input type="checkbox"/> Lower Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93926	EMG / NERVE CONDUCTION TESTING	
<input type="checkbox"/> Osseous Survey Complete	77075	AORTA / IVC / ILIAC		EMG/NCS with Consultation (CPT 99201-99205, 95907-95913, 95886-95887, 99358, 95923, 95937, WC007- Codes and units TBD by testing Dr. at time of exam)	
<input type="checkbox"/> Pelvis 1 or 2views	72170	<input type="checkbox"/> Complete	93978		
<input type="checkbox"/> Ribs Bilateral w/PA chest	71111	<input type="checkbox"/> Limited	93979		
<input type="checkbox"/> Ribs Unilateral 2 Views <input type="checkbox"/> L <input type="checkbox"/> R	71100	BILATERAL VEINS		SITE: <input type="checkbox"/> ARM <input type="checkbox"/> LEG L <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/>	
<input type="checkbox"/> Sacrum & Coccyx 2views	72220	<input type="checkbox"/> Upper Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93970	<input type="checkbox"/> 1-2 Nerve Conduction Studies	95907
<input type="checkbox"/> Scoliosis Series	72082	<input type="checkbox"/> Lower Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93970	<input type="checkbox"/> 3-4 Nerve Conduction Studies	95908
<input type="checkbox"/> Shoulder 2view min <input type="checkbox"/> L <input type="checkbox"/> R	73030	UNILATERAL VEINS		<input type="checkbox"/> 5-6 Nerve Conduction Studies	95909
<input type="checkbox"/> Sinuses Paranasal >3views	70220	<input type="checkbox"/> Upper Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93971	<input type="checkbox"/> 7-8 Nerve Conduction Studies	95910
<input type="checkbox"/> Sinuses Waters <3views <input type="checkbox"/> L <input type="checkbox"/> R	70210	<input type="checkbox"/> Lower Extremity <input type="checkbox"/> L <input type="checkbox"/> R	93971	<input type="checkbox"/> 9-10 Nerve Conduction Studies	95911
<input type="checkbox"/> Skull complete	70260	<input type="checkbox"/> Bilateral	93970	<input type="checkbox"/> 11-12 Nerve Conduction Studies	95912
<input type="checkbox"/> Sternum 2views min	71120	BILATERAL CAROTID		<input type="checkbox"/> 13 + Nerve Conduction Studies	95913
<input type="checkbox"/> Thoracic Spine 2views	72070	<input type="checkbox"/> Dop-Extracranial Artery	93880	<input type="checkbox"/> Needle EMG 1 extremity	95860
<input type="checkbox"/> Tibia & Fibula 2views <input type="checkbox"/> L <input type="checkbox"/> R	73590	CARDIOLOGY CPT		<input type="checkbox"/> Needle EMG 2 extremities	95861
<input type="checkbox"/> Toe(s) 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73660	<input type="checkbox"/> Electrocardiogram EKG	93005	<input type="checkbox"/> Needle EMG 3 extremities	95863
<input type="checkbox"/> Wrist 2views AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R	73100	<input type="checkbox"/> Echocardiogram (2D)	93306	<input type="checkbox"/> Needle EMG 4 extremities	95864
<input type="checkbox"/> Wrist 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73110	MAMMOGRAPHY CPT		<input type="checkbox"/> Limited EMG, 1 extremity (with NCS)	95885
<input type="checkbox"/> OTHER		<input type="checkbox"/> Mammogram w/Tomosynthesis	77063	<input type="checkbox"/> Complete EMG, 1 extremity (with NCS)	95886
		<input type="checkbox"/> 2D Screening Mammogram	77067	<input type="checkbox"/> EMG for non-limb areas	95887
		<input type="checkbox"/> Diagnostic Mammo w/Tomosynthesis (unilateral)	77061		
		<input type="checkbox"/> Diagnostic Mammo w/Tomosynthesis (bilateral)	77062-79		