



HEAD & NECK		GASTROINTESTINAL		✓ NUCLEAR MEDICINE		✓ NUCLEAR MEDICINE Cont'd	
<input type="checkbox"/> Facial Bones	70150	<input type="checkbox"/> Barium Enema (NPO+Prep)	74270	<input type="checkbox"/> Hepatobiliary System(NPO)	78226	<input type="checkbox"/> Bone Scan (Whole)	78306
<input type="checkbox"/> Mandible	70110	<input type="checkbox"/> Barium Enema w/ Air	74280	<input type="checkbox"/> Hepatobiliary System	78227	<input type="checkbox"/> Bone Scan (Single)	78300
<input type="checkbox"/> Mastoids	70130	Contrast (NPO+Prep)		w Ejection Fraction (NPO)		<input type="checkbox"/> Gastric Emptying (NPO)	78264
<input type="checkbox"/> Nasal Bones	70160	<input type="checkbox"/> Gastroview Enema	74270			<input type="checkbox"/> Gallium	78804
<input type="checkbox"/> Neck Soft Tissue	70360	<input type="checkbox"/> Esophagus (Barium Swallow)	74220			<input type="checkbox"/> I-123 Uptake (NPO)	78014
<input type="checkbox"/> Orbits	70200	<input type="checkbox"/> Esophagus (Modified	74230	VASCULAR		<input type="checkbox"/> Liver/Spleen	78215
<input type="checkbox"/> Sinuses	70220	Barium Swallow)		<input type="checkbox"/> Arterial Pressure Upper	93923	<input type="checkbox"/> Lung Scan	78580
<input type="checkbox"/> Skull (2 Views)	70250	<input type="checkbox"/> GI Series (NPO)	74246	Extremity w/o Stress		<input type="checkbox"/> Muga	78472
<input type="checkbox"/> Skull (5 Views)	70260	<input type="checkbox"/> Small Bowel Series (NPO)	74250	<input type="checkbox"/> Arterial Pressure Upper	93923	<input type="checkbox"/> Renal	78707
<input type="checkbox"/> TMJs	70330	<input type="checkbox"/> GI & Small Bowel	74249	Extremity w/ Stress		<input type="checkbox"/> Renal w/Lasix &/or Captopril	78708
CHEST & ABDOMEN		✓ UROLOGICAL		<input type="checkbox"/> Arterial Pressure Lower	93923	<input type="checkbox"/> Scrotum/Testicular	78761
<input type="checkbox"/> Chest (Employees)	N/A	<input type="checkbox"/> Cystogram	74430	Extremity w/o Stress		<input type="checkbox"/> Adenosine Stress	78452
<input type="checkbox"/> Chest - Routine	71020	<input type="checkbox"/> Voiding Cysto-Urethrogram	74455	<input type="checkbox"/> Arterial Pressure Lower	93923	<input type="checkbox"/> Walking Stress (NPO)	78452
<input type="checkbox"/> Chest - PA	71010	<input type="checkbox"/> IVP (Routine w/Tomo's)	74415	Extremity w/ Stress		<input type="checkbox"/> Parathyroid	78070
<input type="checkbox"/> Chest - Lordotic	71021	(NPO+Prep)		<input type="checkbox"/> Carotid Doppler	93880		
<input type="checkbox"/> Ribs (Chest PA)	71111	<input type="checkbox"/> IVP (Hypertensive)(NPO+Prep)	74410	<input type="checkbox"/> Venous Doppler Upper	93971	✓ CAT SCAN	
<input type="checkbox"/> Sternum	71120	<input type="checkbox"/> IVP (Limited) (NPO+Prep)	74400	(Unilateral)		<input type="checkbox"/> Abd w/Contrast (NPO)	74160
<input type="checkbox"/> Sterno - Clavicular jts	71130	<input type="checkbox"/> Retrograde	74420	<input type="checkbox"/> Venous Doppler Upper	93970	<input type="checkbox"/> Abd w/o Contrast (NPO)	74150
<input type="checkbox"/> Abdomen (Flat Plate)	74000	SPECIAL STUDY		(Bilateral)		<input type="checkbox"/> Abd w & w/o Contrast (NPO)	74170
<input type="checkbox"/> Abdomen (Flat & Uppt)	74022	<input type="checkbox"/> Skeletal Survey	77075	<input type="checkbox"/> Venous Doppler Lower	93971	<input type="checkbox"/> Abd/Pelvis w/o Contrast (NPO)	74176
<input type="checkbox"/> Abdomen (Foreign Body)	76010	<input type="checkbox"/> Tomogram (10)	76100	(Unilateral)		<input type="checkbox"/> Abd/Pelvis w Contrast (NPO)	74177
UPPER EXTREMITY		<input type="checkbox"/> Unilateral Venogram	75820	<input type="checkbox"/> Venous Doppler Lower	93970	<input type="checkbox"/> Abd/Pelvis w & w/o Contrast(NPO)	74178
<input type="checkbox"/> A-C Joints	73050	<input type="checkbox"/> Bilateral Venogram	75822	(Bilateral)		<input type="checkbox"/> Cervical Spine w/o Contrast	72125
<input type="checkbox"/> Bone Age Study (Wrist)	77072	✓ ULTRASOUND (Abdomen)		✓ MRI		<input type="checkbox"/> Chest w/Contrast (NPO)	71260
<input type="checkbox"/> Clavicle	73000	<input type="checkbox"/> Abdomen	76700	<input type="checkbox"/> ABD w/o Contrast	74181	<input type="checkbox"/> Chest w/o Contrast	71250
<input type="checkbox"/> Elbow	73080	<input type="checkbox"/> Aorta (NPO)	93979	<input type="checkbox"/> ABD w & w/o Contrast	74183	<input type="checkbox"/> Chest w & w/o Contrast (NPO)	71270
<input type="checkbox"/> Forearm	73090	<input type="checkbox"/> Appendix/Inguinal	76705	<input type="checkbox"/> MRA Abdomen w Contrast	C8900	<input type="checkbox"/> CTA Abd	74175
<input type="checkbox"/> Hand	73130	<input type="checkbox"/> Breast Unilateral	76645	<input type="checkbox"/> Cervical w/o Contrast	72141	<input type="checkbox"/> CTA Abd/Pelvis w & wo	74174
<input type="checkbox"/> Humerus	73060	<input type="checkbox"/> Breast Bilateral	76645	<input type="checkbox"/> Cervical w & w/o Contrast	72156	<input type="checkbox"/> CTA CXR	71275
<input type="checkbox"/> Shoulder / Axillary	73030	<input type="checkbox"/> Extremity R or L	76882	<input type="checkbox"/> Dorsal w/o Contrast	72146	<input type="checkbox"/> CTA Abd Aorta with	75635
<input type="checkbox"/> Scapula	73010	<input type="checkbox"/> Fine Needle Aspiration	10022	<input type="checkbox"/> Dorsal w & w/o Contrast	72157	Lower Ext Runoff	
<input type="checkbox"/> Wrist	73110	<input type="checkbox"/> Gallbladder/CBD (NPO)	76705	<input type="checkbox"/> Head w/o Contrast	70551	<input type="checkbox"/> CTA Neck	70498
LOWER EXTREMITY		<input type="checkbox"/> Gastrointestinal	76705	<input type="checkbox"/> Head (MRI) w & w/o Contrast	70553	<input type="checkbox"/> CTA Pelvis	72191
<input type="checkbox"/> Ankle	73610	<input type="checkbox"/> Kidney (Hydrated)	76775	<input type="checkbox"/> Head MRA w/o Contrast	70544	<input type="checkbox"/> Dorsal w/o Contrast	72128
<input type="checkbox"/> Femur	73550	<input type="checkbox"/> Liver (NPO)	76705	<input type="checkbox"/> Neck MRA w Contrast	70548	<input type="checkbox"/> Facial w/o Contrast	70486
<input type="checkbox"/> Foot	73630	<input type="checkbox"/> Needle Core Biopsy	19102	<input type="checkbox"/> Lumbar w/o Contrast	72148	<input type="checkbox"/> Facial w/ Contrast	70487
<input type="checkbox"/> Heel	73650	<input type="checkbox"/> Neo-Natal	76506	<input type="checkbox"/> Lumbar w & w/o Contrast	72158	<input type="checkbox"/> Head w/o Contrast	70450
<input type="checkbox"/> Hip (Unilateral)	73510	<input type="checkbox"/> Pancreas (NPO)	76705	<input type="checkbox"/> Pelvis w/o Contrast	72195	<input type="checkbox"/> Head w & w/o Contrast	70470
<input type="checkbox"/> Hip (Bilateral)	73520	<input type="checkbox"/> Paracentesis	49083	<input type="checkbox"/> Pelvis w & w/o Contrast	72197	<input type="checkbox"/> IAC Temporal Bone w/o Contrast	70480
<input type="checkbox"/> Knee	73564	<input type="checkbox"/> Testicular	76870	<input type="checkbox"/> Extremity Upper w/o Contrast	73218	<input type="checkbox"/> Lumbar Spine w/o Contrast	72131
<input type="checkbox"/> Tibia & Fibula	73590	<input type="checkbox"/> Thyroid	76536	<input type="checkbox"/> Extremity Joint Upper w/o Contrast	73221	<input type="checkbox"/> Neck w/Contrast (NPO)	70491
SPINE & PELVIS		<input type="checkbox"/> Soft Tissue Head & Neck	76536	<input type="checkbox"/> Extremity Lower w/o Contrast	73718	<input type="checkbox"/> Neck w/o Contrast	70490
<input type="checkbox"/> Cervical (5 View)	72050	<input type="checkbox"/> Spleen	76705	<input type="checkbox"/> Extremity Joint Lower w/o Contrast	73721	<input type="checkbox"/> Neck w & w/o Contrast(NPO)	70492
<input type="checkbox"/> Cervical (3 View)	72040	<input type="checkbox"/> Vacuum Assisted Biopsy	19103	OBSTETRICAL		<input type="checkbox"/> Orbits w/o Contrast	70480
<input type="checkbox"/> Lumbar (5 View)	72110	<input type="checkbox"/> Venous Patency	93971	<input type="checkbox"/> Biophysical Profile (Full Bladder)	76819	<input type="checkbox"/> Pelvis w/Contrast (NPO)	72193
<input type="checkbox"/> Lumbar (3 View)	72100	✓ ECHOCARDIOGRAM		<input type="checkbox"/> Endovaginal (Empty Bladder)	76830	<input type="checkbox"/> Pelvis w/o Contrast	72192
<input type="checkbox"/> Sacrum/ Coccyx	72220	<input type="checkbox"/> US Echocardiogram	93306	<input type="checkbox"/> Endovaginal (Limited)	76830	<input type="checkbox"/> Pelvis w & w/o Contrast (NPO)	72194
<input type="checkbox"/> Dorsal	72072	<input type="checkbox"/> US Echo Stress/Dobutamine	93350	(Empty Bladder)		<input type="checkbox"/> Sinuses	70486
<input type="checkbox"/> Pelvis (1 Film)	72170	<input type="checkbox"/> US Echo TE & Placement	93312	<input type="checkbox"/> OB (Pregnant)(Full Bladder)	76805	Physician Offices— For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link.	
<input type="checkbox"/> Frog Position	72190			<input type="checkbox"/> OB Endovaginal	76817		
<input type="checkbox"/> S-I Joints	72202			<input type="checkbox"/> OB Limited	76815		
				<input type="checkbox"/> Pelvic (Non-preg)(Full Bladder)	76856		

CLINICAL DATA:

	Phy Signature: _____	Phy Name (print): _____	
Patient Name and DOB: _____	Date Written: _____	Ins / Precert Info: _____	Ins Co. Name: _____
	Date Scheduled: _____		Phone #: _____ Date: _____
	Diagnosis: _____		Ins. Rep. Name: _____ Time: _____
			Precert #: _____