

Patient Name: _____ DOB: _____ Date: _____

Ordering Physician Name: _____ Ordering MD Signature: _____

Phone: _____ Fax: _____

Physician Address: _____

Reason for Exam: _____ DX Code(s): _____ PreCert#/Authorization # _____



SOUTH JERSEY RADIOLOGY
1-888-909-7572

Notes: Radiology procedure not listed, special protocol request specific area of interest: _____

BREAST IMAGING

Code	Procedure
<input type="checkbox"/> 77067	Screening Mammogram
77063	Screening digital breast tomosynthesis
76641	Ultrasound Breast if necessary
<input type="checkbox"/> 77066	Diagnostic Mammogram - Bilateral
G0279	Diagnostic digital breast tomosynthesis
76642	Ultrasound Breast if necessary
<input type="checkbox"/> 77065	Diagnostic Mammogram - Unilateral
G0279	Diagnostic digital breast tomosynthesis
76642	Ultrasound Breast if necessary
<input type="checkbox"/> 76641	Ultrasound Asymptomatic Breast - Complete (Specify RT or LT or Bilateral)
<input type="checkbox"/> 76642	Ultrasound Breast LIMITED - mammo finding, Follow/up or Symptomatic
<input type="checkbox"/> 10005	US Guidance Breast FNA Bx (Specify RT or LT)
<input type="checkbox"/> 10005	US Guidance Breast FNA Bx - Bilateral
10006	
<input type="checkbox"/> 77046	MRI Breast Unilateral (Specify RT or LT) w/o
<input type="checkbox"/> 77046	MRI Breast Unilateral (Implant Evaluation) (Specify RT or LT)
<input type="checkbox"/> 77047	MRI Breast BL w/o
<input type="checkbox"/> 77047	MRI Breast BL (Implant Evaluation)
<input type="checkbox"/> 77048	MRI Breast Unilateral w & w/o (Specify RT or LT)
<input type="checkbox"/> 77049	MRI Breast BL w & w/o
<input type="checkbox"/> 19000	Breast Cyst Aspiration (Specify RT LT or Bilateral)
<input type="checkbox"/> 19081	Stereotactic Breast Biopsy (Specify RT LT or Bilateral)
<input type="checkbox"/> 19281	Needle Localization with Mammographic Guidance (Specify RT LT or Bilateral)
<input type="checkbox"/> 19083	Core Biopsy with Ultrasound Guidance (Specify RT LT or Bilateral)
<input type="checkbox"/> 19285	Needle Localization with Ultrasound Guidance (Specify RT LT or Bilateral)
<input type="checkbox"/> 19085	MRI Guided Core Biopsy (Specify RT LT or Bilateral)
<input type="checkbox"/> 19287	Needle Localization with MRI Guidance (Specify RT LT or Bilateral)

BONE DENSITY

Code	Procedure
<input type="checkbox"/> 77080	DEXASCAN
<input type="checkbox"/> 77085	DEXA Vertebral Fracture assesment

GENERAL X-RAY

Code	Procedure
<input type="checkbox"/> 74022	Abdomen Obstruction Series including Chest 1 view
<input type="checkbox"/> 74018	Abdomen 1 view
<input type="checkbox"/> 73050	Acromioclavicular Joints B/L
<input type="checkbox"/> 73610	Ankle (Specify RT or LT)
<input type="checkbox"/> 77072	Bone Age Study
<input type="checkbox"/> 72040	Cervical Spine 2 or 3 views
<input type="checkbox"/> 72050	Cervical Spine Routine - 5 views
<input type="checkbox"/> 72052	Cervical Spine w/Flexion & Extension
<input type="checkbox"/> 71046	Chest 2 views
<input type="checkbox"/> 73000	Clavicle (Specify RT or LT)
<input type="checkbox"/> 73080	Elbow (Specify RT or LT)
<input type="checkbox"/> 70150	Facial Bones
<input type="checkbox"/> 73552	Femur min. 2 views (Specify RT or LT)
<input type="checkbox"/> 73620	Foot 2 views (Specify RT or LT)
<input type="checkbox"/> 73630	Foot Routine (Specify RT or LT)
<input type="checkbox"/> 73090	Forearm (Specify RT or LT)
<input type="checkbox"/> 73130	Hand Routine (Specify RT or LT) - 4 views
<input type="checkbox"/> 73650	Heel (calcaneus) min 2 views (Specify RT or LT)
<input type="checkbox"/> 73522	Hip Bilateral specificity with or without pelvis 3 or 4 views

GENERAL X-RAY

Code	Procedure
<input type="checkbox"/> 73502	Hip Unilateral specify with or without pelvis 2 or 3 views (Specify RT or LT)
<input type="checkbox"/> 73060	Humerus (Specify RT or LT)
<input type="checkbox"/> 73592	Infant Lower Extremity up to 12 months (Specify RT or LT)
<input type="checkbox"/> 73092	Infant Upper Extremity up to 12 month (Specify RT or LT)
<input type="checkbox"/> 73564	Knee Routine (Specify RT or LT) - 4 views
<input type="checkbox"/> 73560	Knee 1 or 2 views (Specify RT or LT)
<input type="checkbox"/> 72100	Lumbar Spine 2 or 3 views
<input type="checkbox"/> 72110	Lumbar Spine Routine 4 or more
<input type="checkbox"/> 72114	Lumbar Spine w/Fexion and Extension Bending views, 6 views
<input type="checkbox"/> 72120	Lumbar Spine Bending Only 2 or 3 views
<input type="checkbox"/> 70110	Mandibie
<input type="checkbox"/> 70160	Nasal Bones
<input type="checkbox"/> 70360	Neck Soft Tissue
<input type="checkbox"/> 70200	Orbits
<input type="checkbox"/> 70220	Paranasal Sinuses
<input type="checkbox"/> 72170	Pelvis
<input type="checkbox"/> 71111	Ribs Bilateral & PA Chest
<input type="checkbox"/> 71101	Ribs Unilateral w/PA Chest (Specify RT or LT)
<input type="checkbox"/> 72202	Sacroiliac Joints
<input type="checkbox"/> 72220	Sacrum and Coccyx
<input type="checkbox"/> 77073	Scanogram - Bone Length
<input type="checkbox"/> 73010	Scapula (Specify RT or LT)
<input type="checkbox"/> 72081	Scoliosis Study view
<input type="checkbox"/> 73030	Shoulder (Specify RT or LT)
<input type="checkbox"/> 70260	Skull
<input type="checkbox"/> 77075	Skeletal Survey
<input type="checkbox"/> 71130	Sternoclavicular Joints
<input type="checkbox"/> 71120	Sternum
<input type="checkbox"/> 72070	Thoracic AP & LAT
<input type="checkbox"/> 73590	Tibia & Fibula (Specify RT or LT)
<input type="checkbox"/> 73660	Toe min 2 views (Specify RT or LT)
<input type="checkbox"/> 73110	Wrist (Specify RT or LT)
<input type="checkbox"/> 73523	Hips Bilateral 5 or more views w or w/o Pelvis

FLUOROSCOPY

Code	Procedure
<input type="checkbox"/> 74221	Barium Swallow include scout chest Double Contrast
<input type="checkbox"/> 74246	Upper GI including scout Abdominal Double Contrast
<input type="checkbox"/> 74246	Upper GI including scout Abdominal Double Contrast with Small Bowel
<input type="checkbox"/> 74248	
<input type="checkbox"/> 74250	Small Bowel include scout Abdominal Single Contrast
<input type="checkbox"/> 74270	Barium Enema scout Abdominal Single Contrast
<input type="checkbox"/> 74280	Barium Enema scout Abdominal Double Contrast

DOPPLER

Code	Procedure
<input type="checkbox"/> 76775	Abdomen Aorta w/Doppler
93978	
<input type="checkbox"/> 76700	Abdomen Complete w/Doppler
93975	
<input type="checkbox"/> 76705	Abdomen Limited (liver) w/Doppler
93975	
<input type="checkbox"/> 93922	Arterial Doppler Bilateral ABI ONLY
<input type="checkbox"/> 93923	Arterial Upper Extremity Multiple Levels Bilateral
<input type="checkbox"/> 93923	Arterial Lower Extremity Multiple Levels ABI Bilateral
<input type="checkbox"/> 93925	Arterial Duplex Lower Extremity Bilateral
<input type="checkbox"/> 93926	Arterial Duplex Lower Extremity Unilateral (Specify RT or LT)

DOPPLER

Code	Procedure
<input type="checkbox"/> 93930	Arterial Duplex Upper Extremity Bilateral
<input type="checkbox"/> 93931	Arterial Duplex Upper Extremity Unilateral (Specify RT or LT)
<input type="checkbox"/> 93880	Carotid
<input type="checkbox"/> 93925	Graft Imaging Duplex Lwr Extremity Bilateral
<input type="checkbox"/> 93926	Graft Imaging Duplex Lwr Extremity Unilateral (Specify RT or LT)
<input type="checkbox"/> 76882	Groin
<input type="checkbox"/> 93926	Groin with Doppler for pseudoaneurysm
<input type="checkbox"/> 76856	Pelvic w/ Doppler
76830	Pelvic with TA & TV & Doppler
93976	
<input type="checkbox"/> 93975	Mesentery Doppler
<input type="checkbox"/> 76775	Renal with Doppler
93975	
<input type="checkbox"/> 76830	Transvaginal Doppler
93975	
<input type="checkbox"/> 76830	Transvaginal W/Doppler for ovarian Torsion
93976	
<input type="checkbox"/> 93985	Venous Upper Vein Mapping Pre AV Fistula Bilateral
<input type="checkbox"/> 93986	Venous Upper Vein Mapping Pre AV Fistula Unilatera
Venous Doppler Upper (arms)	
<input type="checkbox"/> 93970	Bilateral
<input type="checkbox"/> 93971	Unilateral (Specify RT or LT)
Venous DVT Study Lower (legs) Extremity	
<input type="checkbox"/> 93970	Bilateral
<input type="checkbox"/> 93971	Unilateral (Specify RT or LT)
Venous Insufficiency/Reflux Exam Lower (legs) Extremity	
<input type="checkbox"/> 93970	Bilateral
<input type="checkbox"/> 93971	Unilateral (Specify RT or LT)
Venous Post EVLT Lower (legs) Extremity	
<input type="checkbox"/> 93970	Bilateral
<input type="checkbox"/> 93971	Unilateral (Specify RT or LT)

ULTRASOUND

Code	Procedure
<input type="checkbox"/> 76775	Abdomen Aorta
<input type="checkbox"/> 76700	Abdomen Complete
<input type="checkbox"/> 76700	US Abdomen Complete w/Liver Elastography
76981	
<input type="checkbox"/> 76705	US Abdomen Limited w/Liver Elastography
76981	
<input type="checkbox"/> 76705	Abdomen Limited
<input type="checkbox"/> 76705	Abdomen Wall
<input type="checkbox"/> 76882	Axilla
<input type="checkbox"/> 76857	Bladder (Pre & Post Voiding)
<input type="checkbox"/> 76604	Chest Wall
<input type="checkbox"/> 76881	Extremity Non-Vascular Complete
<input type="checkbox"/> 76801	Fetal Uterus < 14 Weeks (TV if needed)
76817	
<input type="checkbox"/> 76805	Fetal Uterus > 14 weeks with TV if needed
76817	
<input type="checkbox"/> 76815	Fetal Limited/Follow up
<input type="checkbox"/> 76885	Infant Hips
<input type="checkbox"/> 76705	Hernia (any)
<input type="checkbox"/> 76882	Limited-Extremity Specific BODY PART:
<input type="checkbox"/> 76536	Neck, Thyroid or Parathyroid
<input type="checkbox"/> 76770	Renal Aorta Nodes
<input type="checkbox"/> 76770	Renal Bladder
<input type="checkbox"/> 76775	Renal Limited w/o bladder
<input type="checkbox"/> 76776	Renal Transplant
<input type="checkbox"/> 76856	Pelvic - Non - OB (TV if needed)
<input type="checkbox"/> 76830	
<input type="checkbox"/> 76830	Transvaginal - Non-OB

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SOFT TISSUE MASS, ULTRASOUND EVALUATION	
Code	Procedure
<input type="checkbox"/> 76882	Axilla
<input type="checkbox"/> 76705	Abdominal Wall
<input type="checkbox"/> 76857	Buttocks (Specify RT, LT or Bilateral)
<input type="checkbox"/> 93976	Doppler if needed
<input type="checkbox"/> 76604-52	Chest Wall
<input type="checkbox"/> 76604-52	Upper Back
<input type="checkbox"/> 76882	Groin
<input type="checkbox"/> 76705	Lower Back
<input type="checkbox"/> 76536	Neck

NUCLEAR MEDICINE	
Code	Procedure
<input type="checkbox"/> 78300	Bone Scan - Limited Area
<input type="checkbox"/> 78305	Bone Scan Multiple Areas
<input type="checkbox"/> 78315	Bone Scan - Three Phase Study
<input type="checkbox"/> 78306	Bone Scan - Whole Body
<input type="checkbox"/> 78803	Bone SPECT
<input type="checkbox"/> 78803	Bone SPECT Scan + Whole Body
<input type="checkbox"/> 78803	Brain SPECT Scan
<input type="checkbox"/> 78802	Gallium Infection 24hr Scan (Whole Body)
<input type="checkbox"/> 78801	Gallium Infection 48hr Scan (Limited)
<input type="checkbox"/> 78801	Gallium Infection 48hr Scan (Multi-Area)
<input type="checkbox"/> 78804	Gallium Infection 48hr Scan (Whole Body)
<input type="checkbox"/> 78803	Kidney SPECT
<input type="checkbox"/> 78803	Liver SPECT & Statics
<input type="checkbox"/> 78831	Local. of Abscess SPECT (Whole Body)
<input type="checkbox"/> 78258	Esophageal Transit Motility Scan
<input type="checkbox"/> 78264	Gastric Emptying Study
<input type="checkbox"/> 78226	Hepatobiliary Imaging w/o CCK
<input type="checkbox"/> 78227	Hepatobiliary w CCK
<input type="checkbox"/> 78215	Liver & Spleen Imaging -Static only
<input type="checkbox"/> 78290	Meckels
<input type="checkbox"/> 78070	Parathyroid Planar Imaging
<input type="checkbox"/> 78072	Parathyroid SPECT/CT
<input type="checkbox"/> 78707	Renal Flow & Function
<input type="checkbox"/> 78709	Renal Scan Captopril
<input type="checkbox"/> 78708	Renal Scan w/ Lasix
<input type="checkbox"/> 78014	Thyroid Uptake & Scan
<input type="checkbox"/> 79005	Thyroid I131 Therapy

CTA	
Code	Procedure
<input type="checkbox"/> 74175	CTA Abdomen
<input type="checkbox"/> 74174	CTA Abd. & Pelvis
<input type="checkbox"/> 75635	CTA AORTA & Run Off
<input type="checkbox"/> 70496	CTA Brain
<input type="checkbox"/> 70498	CTA Carotid/Neck
<input type="checkbox"/> 71275	CTA Chest Non-Cardiac
<input type="checkbox"/> 71275	CTA Chest Pulmonary Embolism
<input type="checkbox"/> 73706	CTA Lwr. Extremity
<input type="checkbox"/> 73206	CTA Upr. Extremity

CT	
Code	Procedure
CT ABDOMEN	
<input type="checkbox"/> 74150	w/o contrast
<input type="checkbox"/> 74160	with contrast
<input type="checkbox"/> 74170	with contrast & w/o contrast
CT PELVIS	
<input type="checkbox"/> 72192	w/o contrast
<input type="checkbox"/> 72193	with contrast
<input type="checkbox"/> 72194	with contrast & w/o contrast
CT ABDOMEN & PELVIS	
<input type="checkbox"/> 74176	w/o contrast
<input type="checkbox"/> 74177	with contrast
<input type="checkbox"/> 74178	with contrast & w/o contrast
<input type="checkbox"/> 74178	CT Urogram
<input type="checkbox"/> 74176	CT Stone Study

CT		
Code	Procedure	
CT BRAIN		
<input type="checkbox"/> 70450	w/o contrast	
<input type="checkbox"/> 70460	with contrast	
<input type="checkbox"/> 70470	with contrast & w/o contrast	
CT CHEST		
<input type="checkbox"/> 71250	w/o contrast	
<input type="checkbox"/> 71260	with contrast	
<input type="checkbox"/> 74261	CT Colonography Diagnostic	
<input type="checkbox"/> 74263	CT Colonography Screening	
<input type="checkbox"/> 74177	CT Enterography with contrast	
<input type="checkbox"/> 74178	CT Enterography w & w/o contrast	
CT EXTREMITY - LOWER BODY		
PART: _____ (Specify RT or LT)		
<input type="checkbox"/> 73700	w/o contrast	
<input type="checkbox"/> 73701	with contrast	
<input type="checkbox"/> 73702	with contrast & w/o contrast	
CT EXTREMITY - UPPER BODY		
PART: _____ (Specify RT or LT)		
<input type="checkbox"/> 73200	w/o contrast	
<input type="checkbox"/> 73201	with contrast	
<input type="checkbox"/> 73202	with contrast & w/o contrast	
CT Neck, Soft Tissue		
<input type="checkbox"/> 70490	w/o contrast	
<input type="checkbox"/> 70491	with contrast	
<input type="checkbox"/> 70492	with & w/o contrast	
<input type="checkbox"/> 70480	CT Orbit/Temporal Bones w/o contrast	
<input type="checkbox"/> 70486	CT Sinus/Maxillofacial	
<input type="checkbox"/> 70486	CT Sinus (Landmark or Stryker)	
CT CERVICAL SPINE		
<input type="checkbox"/> 72125	w/o contrast	
<input type="checkbox"/> 72126	with contrast	
CT LUMBAR SPINE		
<input type="checkbox"/> 72131	w/o contrast	
<input type="checkbox"/> 72132	with contrast	
CT THORACIC SPINE		
<input type="checkbox"/> 72128	w/o contrast	
<input type="checkbox"/> 72129	with contrast	
CT Arthrogram Knee (Specify RT or LT)		
<input type="checkbox"/> 73701	<input type="checkbox"/> 27369	<input type="checkbox"/> 77002

MRI		
Code	Procedure	
MRI Abdomen		
<input type="checkbox"/> 74181	w/o contrast	
<input type="checkbox"/> 74183	with contrast & w/o contrast	
MRI Arthrogram RT LT		
Shoulder	<input type="checkbox"/> 23350	<input type="checkbox"/> 73222
Elbow	<input type="checkbox"/> 24220	<input type="checkbox"/> 73222
Wrist	<input type="checkbox"/> 25246	<input type="checkbox"/> 73222
Hip	<input type="checkbox"/> 27093	<input type="checkbox"/> 73722
Knee	<input type="checkbox"/> 27369	<input type="checkbox"/> 73722
Ankle	<input type="checkbox"/> 27648	<input type="checkbox"/> 73722
MRI Brain		
<input type="checkbox"/> 70551	w/o contrast	
<input type="checkbox"/> 70553	with contrast & w/o contrast	
MRI Breast with or w/o contrast		
<input type="checkbox"/> 77048	MRI Breast w-wo Contrast, Unilateral (Specify RT or LT)	
<input type="checkbox"/> 77048	MRI Breast w-wo Contrast, Bilateral	
MRI Chest - Brachial Plexus		
<input type="checkbox"/> 71550	w/o contrast	
<input type="checkbox"/> 71552	with contrast & w/o contrast	
MR Cholangiopancreatography (mrCP)		
<input type="checkbox"/> 74181	<input type="checkbox"/> 74183	
MRI Enterography (Small Bowel)		
<input type="checkbox"/> 74183	<input type="checkbox"/> 72197	
MRI EXTREMITY-UPPER NON-JOINT		
BODY PART: _____ (Specify RT or LT)		
<input type="checkbox"/> 73218	w/o contrast	
<input type="checkbox"/> 73220	with contrast & w/o contrast	

MRI	
Code	Procedure
MRI EXTREMITY-UPPER JOINT	
BODY PART: _____ (Specify RT or LT)	
<input type="checkbox"/> 73221	w/o contrast
<input type="checkbox"/> 73223	with contrast & w/o contrast
MRI EXTREMITY-LOWER NON-JOINT	
BODY PART: _____ (Specify RT or LT)	
<input type="checkbox"/> 73718	w/o contrast
<input type="checkbox"/> 73720	with contrast & w/o contrast
MRI EXTREMITY-LOWER JOINT	
BODY PART: _____ (Specify RT or LT)	
<input type="checkbox"/> 73721	w/o contrast
<input type="checkbox"/> 73723	with contrast & w/o contrast
MRI Pelvis w/o contrast	
<input type="checkbox"/> 72195	w/o contrast
<input type="checkbox"/> 72197	with contrast & w/o contrast
MRI (Prostate)	
<input type="checkbox"/> 72197	w&w/o contrast
<input type="checkbox"/> 76377	with contrast+ 3D Recon
MRI Cervical Spine	
<input type="checkbox"/> 72141	w/o contrast
<input type="checkbox"/> 72156	with contrast & w/o contrast
MRI Thoracic Spine	
<input type="checkbox"/> 72146	w/o contrast
<input type="checkbox"/> 72157	with contrast & w/o contrast
MRI Lumbar Spine	
<input type="checkbox"/> 72148	w/o contrast
<input type="checkbox"/> 72158	with contrast & w/o contrast
MRI Neck	
<input type="checkbox"/> 70540	w/o contrast
<input type="checkbox"/> 70543	with & without contrast

MRA		
Code	Procedure	
<input type="checkbox"/> 74185	MRA Abdomen (Aorta-Renal)	
MRA Abdomen to Lower Legs (Runoff) to inc bilateral legs		
<input type="checkbox"/> 74185	<input type="checkbox"/> 73725	<input type="checkbox"/> 73725
MRA Brain		
<input type="checkbox"/> 70544	w/o contrast	
<input type="checkbox"/> 70546	with contrast & w/o contrast	
MRA Carotids		
<input type="checkbox"/> 70547	w/o contrast	
<input type="checkbox"/> 70549	with contrast & w/o contrast	
MRA Iliac Artery		
<input type="checkbox"/> 72198	<input type="checkbox"/> 73725	
<input type="checkbox"/> 71555	MRA Thoracic Aorta (Chest)	
<input type="checkbox"/> 73225	MRA Upper Extremity with or w/o contrast	

CARDIAC IMAGING	
Code	Procedure - ECHO
<input type="checkbox"/> 93306	Transthoracic Echocardiogram 2D w/Spectral & Color Flow Doppler
<input type="checkbox"/> 93351	Transthoracic Echocardiogram 2D w/Stress
Code Procedure - MRI	
<input type="checkbox"/> 75557	Cardiac MRI without contrast
<input type="checkbox"/> 75561	Cardiac MRI with contrast & w/o contrast
Code Procedure - CAT SCAN	
<input type="checkbox"/> 75571	CT Heart Calcium Scoring
<input type="checkbox"/> 75574	CTA Heart Coronary Arteries
Code Procedure - NUCLEAR CARDIOLOGY	
<input type="checkbox"/> 93015	Exercise Stress Treadmill (non-nuclear)
<input type="checkbox"/> 78472	Muga Scan
<input type="checkbox"/> 78452	Myocardial Perfusion SPECT Persantine Rest/Stress Multiple Study
<input type="checkbox"/> 78472	Myocardial Perfusion SPECT Rest/Stress Multiple Study

PET IMAGING	
Code	Procedure
<input type="checkbox"/> 78815	PET/CT Tumor Imaging (Base of Skull to Mid-Thigh)
<input type="checkbox"/> 78816	PET/CT Tumor Imaging Whole Body Scan