

REQUEST FOR PORTABLE DIAGNOSTIC

PATIENT LAST NAME		PATIENT FIRST NAME			PATIENT DATE OF BIRTH		SEX	AGE
PATIENT STREET ADDRESS				CITY	STATE	ZIP CODE	PATIENT PHONE NUMBER	
FAX RESULTS TO	FACILITY		ROOM	MEDICARE NO.		SUFFIX	MEDICAID NO.	
BILL OTHER (SPECIFY: PPO - HMO - PIP) HMO'S MUST HAVE PRIOR AUTHORIZATION BEFORE SERVICE IS RENDERED				PRE-AUTHORIZATION #		POLICY #		
REFERRING CLINICIAN NAME					PHONE		NPI	
ADDRESS					CITY		STATE	ZIP CODE

ULTRASOUND

- 76641 Breast Complete
- 76642 Breast Limited
- 76977 Bone Density
- 76881 Non-Vascular Complete
- 76882 Non-Vascular Limited
- 76700 Complete Abdominal Sonogram
- 76856 Complete Female Pelvic
- 76770 Complete Retroperitoneal
- 76775 Kidney () Aorta () Nodes ()
- 76857 Limited Female Pelvic
- 76705 Liver () Gallbladder () Spleen () Pancreas () Urinary Bladder ()
- 76870 Testicles
- 76536 Thyroid
- 76830 Transvaginal

VASCULAR

- 93922 Ankle/Brachial Indices
- 93978 Aorta Duplex Scan
- 93979 Aorta Duplex Scan Unilateral or Limited Study
- 93925 Arterial Duplex Scan Lower Extremities
- 93926 Arterial Duplex Scan Lower Ext. Unilateral or Limited Study
- 93930 Arterial Duplex Scan Upper Extremities
- 93931 Arterial Duplex Scan Upper Ext. Unilateral or Limited Study
- 93975 Arterial Inflow & Venous Outflow
(Abdominal, Pelvic, Scrotal and/or Retroperitoneal Organs)
- 93976 Arterial Inflow & Venous Outflow Follow-up or Limited Study
- 93880 Carotid
- 93882 Carotid Follow-up or Limited Study
- 93965 Impedance Plethysmography
- 93923 Segmental Pressure (PVR)
- 93970 Venous Duplex Scan Bilateral
- 93971 Venous Duplex Scan Unilateral or Limited

CARDIOVASCULAR

- 93321 Cardio Doppler Follow-up or Limited Study
- 93306 Echocardiogram Complete
- 93307 Echocardiogram M-Mode
- 93308 Echocardiogram M-Mode Follow-up or Limited Study

CARDIAC STUDIES

- 93000 Electrocardiogram w/Interpretation & Report
- 93224 Holter Monitor 24 Hours

RADIOLOGY

- 74000 Abdomen 1V (KUB)
- 74020 Abdomen Complete
- 73050 Acromioclavicular Joint
- 73600 Ankle 2V RT () LT ()
- 73610 Ankle Complete RT () LT ()
- 73650 Calcaneus 2V RT () LT ()
- 71010 Chest 1V
- 71020 Chest 2V
- 71030 Chest 4V
- 71021 Chest Apical-lordotic
- 73000 Clavical RT () LT ()
- 73070 Elbow 2V RT () LT ()
- 73080 Elbow Complete RT () LT ()
- 70140 Facial Bones <3V
- 70150 Facial Bones 3V
- 73552 Femur 2V RT () LT ()
- 73140 Finger (s) 2V RT () LT ()
- 73620 Foot 2V RT () LT ()
- 73630 Foot Complete RT () LT ()
- 73090 Forearm AP-LAT RT () LT ()
- 73120 Hand 2V RT () LT ()
- 73130 Hand Complete RT () LT ()
- 73501 Hip Unilateral-1V RT () LT ()
- 73502 Hip 2V RT () LT ()
- 73521 Hip Bilateral
- 73060 Humerus RT () LT ()
- 73560 Knee 2V RT () LT ()
- 73562 Knee 3V RT () LT ()
- 73564 Knee Complete RT () LT ()
- 73565 Knee Both Standing 1V RT () LT ()
- 70100 Mandible <4V
- 70110 Mandible 4V
- 70160 Nasal Bones 3V
- 70360 Neck Soft Tissue
- 70200 Orbit 4V
- 76061 Osseous Survey
- 72170 Pelvis Anti-Post
- 71100 Ribs Unilateral 2V RT () LT ()
- 71101 Ribs Unilateral 3V RT () LT ()
- 71110 Ribs Bilateral 3V
- 71111 Ribs Bilateral 4V
- 72200 Sacroiliac Joints <3V
- 72220 Sacrum & Coccyx 2V
- 73010 Scapula RT () LT ()
- 70240 Sella Turcica
- 73020 Shoulder 1V RT () LT ()
- 73030 Shoulder Complete RT () LT ()
- 70220 Sinuses Paranasal 3V
- 70250 Skull <4V
- 70260 Skull 4V
- 72040 Spine Cervical AP-LAT
- 72050 Spine Cervical AP-LAT-OBL
- 72052 Spine Cervical Complete
- 72100 Spine Lumbar AP-LAT
- 72110 SPine Lumbar AP-LAT-OBL
- 72069 Spine Standing
- 72070 Spine Thoracic AP-LAT
- 72074 Spine Thoracic Complete
- 71120 Sternum 2V
- 73590 Tibia-Fibula AP-LAT RT () LT ()
- 70328 TMJ Unilateral RT () LT ()
- 70330 TMJ Bilateral
- 73660 Toe (s) RT () LT ()
- 73100 Wrist 2V RT () LT ()
- 73110 Wrist Complete RT () LT ()
- X-Ray Copy Needed CD ()

STAT

DIAGNOSIS (SIGNS / SYMPTOMS)

- CONDITION TO WARRANT PORTABLE X-RAY SERVICE: Paralyzed from a stroke Severe Dementia Alzheimer's Post-Surgical Recovery
- Bedbound Weak and in pain Possible Non-Healing Fracture Psychiatric Illness, refusing to leave facility / home
- Using supporting device: _____ Unable to leave Facility / home safely for x-ray
- Leaving facility / home requires a considerable and taxing effort Other: _____

Statement concerning the condition of the patient to warrant portable X-ray service: The exam(s) that I ordered for this patient were medically indicated and necessary for the treatment and/or diagnosis. The patient would find it physically and/or psychologically taxing to receive **Portable X-ray service** in a place other than the exam site due to the reason(s) documented on this form. Furthermore, it would be detrimental to the patient's physical and/or mental condition to be transported for this procedure. I understand that this information may be used by (CMS) to support the determination of medical necessity of portable x-ray services and that I have personal knowledge of the patient's condition at the time of service. **CFR 410.32 (a):** Test must be ordered by the physician who is treating the beneficiary and will use the results in the management of the beneficiary's specific medical problem.

PHYSICIAN SIGNATURE _____

PA / ARNP SIGNATURE _____

DATE: _____