

## ULTRASOUND ORDER FORM



Pre-Authorization Number \_\_\_\_\_  
 Diagnoses/Indications: (Required for Reimbursement)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Type of Order:    STAT    Routine  
                            Call Result    Fax Result  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_

CPT	ABDOMEN	CPT	BREAST
76700	Abdomen Complete (includes aorta, pancreas, liver, gallbladder, ducts, kidneys, & spleen)	76641	Breast (Specify location: _____) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76705	Abdomen RUQ (pancreas, liver, & gallbladder) (ROUTINE)	76642	Breast Limited (Specify location: _____) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76705	Abdomen Liver/Hepatobiliary (pancreas, liver, ducts) *Patient has had cholecystectomy	19285	US Guided Breast Needle Placement See *** when multiple lesions present in same breast <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76775	Aorta	19083	US Guided Breast Biopsy See *** when multiple lesions present in same breast <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
G0839	Aorta (Screening for MEDICARE)	19000	US Guided Breast Cyst Aspiration (Specify location: _____)
76705	Spleen	76942	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76770	Kidney/Renal	19286	*** Each add'l breast lesion for Needle Placement <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76857	Bladder Only (Pre/Post Void)	19084	*** Each add'l breast lesion for Breast Biopsy <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76705	Abdomen Limited (quadrant: Specify _____, check for ascites, hernia)	<b>SPECIAL PROCEDURES</b>	
<b>GYNECOLOGY</b>		60100	US Guided Thyroid Biopsy
76856	Pelvic Transabdominal & Transvaginal with doppler	76942	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76830	(ROUTINE)	60300	US Guided Thyroid Cyst Aspiration
76857	Pelvic Transabdominal Only with doppler	76942	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76830	Pelvic Transvaginal Only with doppler	32555	US Guided Thoracentesis
76857	Pelvic Transvaginal Follicular Study with doppler		<input type="checkbox"/> Right <input type="checkbox"/> Left
<b>OBSTETRICAL</b>		49083	US Guided Paracentesis
76801	OB 1 <sup>st</sup> Trimester (0-13 weeks gestation)	76937	US Guidance Vascular Access (Peripherally Inserted Central Catheter)
76817	OB Transvaginal (cervical length and visualization)	76998	US Guidance Intraoperative
76805	OB Complete 2 <sup>nd</sup> Trimester (14-40 weeks gestation)	38505/76942	US Lymph Node Needle Biopsy
76819	OB Biophysical Profile	47000/76942	US Guided Liver Biopsy
76815	OB Limited (placenta, cervical length, heart rate, AFI, position, anatomy not previously seen)	50200/76942	US Guided Renal Biopsy
76816	OB Follow-up (check growth or previously seen abnormality)	50390/76942	US Guided Renal Cyst Aspiration
<b>SMALL PARTS</b>		<b>SPECIAL INSTRUCTIONS:</b>	
76536	Thyroid	<b>SCHEDULED DATE AND TIME:</b>	
76870	Testicular/ Scrotum with doppler		
76872	Prostate		
76882	Extremity Non-Vascular <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower		
76506	Infant Brain		
76705	Pylorus		
76886	Infant Hips		
76800	Spinal Canal/Contents		
76536	Soft Tissue Head/Neck (Specify location: _____)		

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Registration Fax: (217) 347-1377

Scheduling Phone: (217) 347-1540

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