



# MYULTRASOUND

Providing Diagnostic Ultrasound Imaging for DFW

www.myultrasound.co

Office: 214-932-9109 | Mobile: 972-966-9596 | Fax: 214-932-9109

In Office Service

SNF

Homebound Service



Your Mobile Imaging Partner

## Patient Information

## Physician Order Form-Please Fax Orders to (214) 932-9109

\*PLEASE FAX COPY OF PATIENTS INSURANCE CARD WITH ORDER

Patient Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Payment Type:  Cash  Credit  Insurance

Medicare/Medicaid Number: \_\_\_\_\_

Pvt Insurance Co.: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Is patient a minor?  Yes  No If yes, responsible party's name: \_\_\_\_\_

## Referring Physician Information

## Delivery of Report

\*Physician/Provider Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

\*Reason for Exam: \_\_\_\_\_ Exam CPT: \_\_\_\_\_ ICD: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Ph: \_\_\_\_\_

Fax Report: (fax) \_\_\_\_\_

Email Report: (email) \_\_\_\_\_

Call Stat Report: (phone) \_\_\_\_\_

Facility Name: \_\_\_\_\_

### GENERAL

Abdomen – Nothing to eat or drink after midnight before exam

Renal / Bladder – Nothing to eat or drink after midnight before exam. One hour prior to test drink 24 ounces of water. Do not empty your bladder

Transrectal Prostate, – Nothing to eat or drink from 12 midnight to exam. **Fleets enema 2hrs prior to test.**

Pelvis – One hour prior to test drink 32 ounces of water (Drink one 8 oz. glass every 15-20 minutes).

Breast/Testicle/Thyroid NO PREP

\*Performed at imaging center only

### GENERAL

Abdomen Complete /  with Doppler

Abdomen Limited

Liver/Gallbladder/Pancreas (RUQ)

Aorta Iliac IVC /  with Doppler

Mesenteric Doppler

Portal Vein Doppler

Renal Ultrasound /  Renal Artery Doppler

Renal Transplant /  with Doppler

Spleen

Pelvic Limited (Bladder only)

Pelvic Ultrasound

\* Transvaginal Ultrasound

\* Testicular Ultrasound /  with Doppler

\* Transrectal Prostate Ultrasound

Soft Tissue Ultrasound  Chest

Thyroid, Head and Neck Ultrasound

\*Breast Complete -  RT  LT  Bilateral

\*Breast Limited -  RT  LT

Neurosonogram

Fetal Spine  Fetal Hips Dynamic

### CPT Codes

76700 / 93975

76705

76705

76705 / 93978

93978

93976

76770 / 93975

76776 / 93976

76705

76857

76856

76830

76870 / 93976

76872

76881 / 76604

76536

76641

76642

76506

76800 / 76885

### ICD 10 Codes/Comments

R10.0, R10.9, R94.5, R10.10, R10.84, K73.2

R93.5

I71.4, I70.49, I73.9, I71.9

N18.3, R94.4, N18.1-N18.9, R31.9, N28.1, I70.1, I10, N28.0

N94.89, D25.9, N92.4, C56.9

N44.2, N50.9, R10.2, N50.812

R22.9

E01.2, E04.1, E03.9, E05.90

N63, N64.4

### OBSTETRICAL

OB – One hour prior to test drink 32 ounces of water

-Do not empty your bladder

\*Performed at imaging center only

### OBSTETRICAL

OB < 14wks (Transabdominal)

\* Transvaginal OB < 14wks

OB Single >14wks

OB Limited

OB Multiple

### CPT Codes

76801

76817

76805

76815

76810

### ICD 10 Codes/Comments

### VASCULAR

Wear Shorts or loose-fitting clothes – NO PREP

### VASCULAR

Carotid Doppler Complete  Limited

Bilateral Arterial Doppler Lower

Unilateral Arterial Doppler Lower  RT  LT

Bilateral Arterial Doppler Upper

Unilateral Arterial Doppler Upper  RT  LT

Vessel Mapping for Hemodialysis Access

Doppler Venous Bilateral– Leg or Arms

Doppler Venous Unilateral– Leg or Arms

### CPT Codes

93880 / 93882

93925

93926

93930

93931

93990 / G0365

93970

93971

### ICD 10 Codes/Comments

R26.9, R09.89, R55, I65.29

E11.51, E08.51, M79.609, L97.909, I73.9

Non-Medicare Patients / Medicare Patients

R60.1, R60.9, M79.609

R60.1, R60.9, M79.609, I80.9, I82.409, M79.89

### MUSCULOSKELETAL

Wear loose fitting clothes – NO PREP

### MUSCULOSKELETAL

Head & Neck  Spinal Canal

Extremity Specify: Body Part \_\_\_\_\_

Extremity Joint Space  Groin

### CPT Codes

76536 / 76800

76880

76881 / 76882

### ICD 10 Codes/Comments

Complete / Limited

\*Medicare & other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the medical necessity for each test.

Rule out, possible, or probable conditions cannot be coded. Thank you for choosing MYULTRASOUND Diagnostic Imaging Centers, LLC. Our goal is to provide your patients with excellent care. If there is something we can do to accommodate their special needs, please let us know.