

PATIENT LAST NAME \_\_\_\_\_ PATIENT FULL FIRST NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_ ICD-10: \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED) \_\_\_\_\_  Christopher S. Durant, MD, COS, FAAOS  
652 Suffolk Ave, Suite 210, Brentwood, NY 11717 T: (631) 617-5181 F:(631) 617-5182

**PATIENTS:** CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

**MRI** (MAGNETIC RESONANCE IMAGING)

**16 MRI Chest: No IV Contrast 71550**  
 Pectoralis Tear  SC Joint Pain  
 Sternal Trauma  Brachial Plexus

**29 MRI Upper Extremity Joint: No IV Contrast 73221**  
 R  L Shoulder Indications:  Fracture  
 R  L Elbow  Joint Pain  Labral Tear  
 R  L Wrist  Arthritis  Ligament Tear  
 Bursitis  Tendon Tear

**30 MRI Upper Extremity Joint: Pre + Post IV Contrast 73223**  
 R  L Shoulder Indications:  Infection  
 R  L Elbow  Abscess  Mass  
 R  L Wrist  Tumor  Osteomyelitis

**31 MR Arthrogram Upper Extremity Joint:**  
 R  L Shoulder Arthrogram 73222/23350  
 R  L Elbow Arthrogram 73222/24220  
 R  L Wrist Arthrogram 73222/25246

**32 MRI Upper Extremity Non-Joint: No IV Contrast 73218**  
 R  L Humerus Indications:  
 R  L Forearm  Fracture  
 R  L Hand  Muscle Tear  
 R  L Finger Specify#: \_\_\_\_\_  Tendon Tear

**33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220**  
 R  L Humerus Indications:  
 R  L Forearm  Tumor  
 R  L Hand  Infection  
 R  L Finger Specify#: \_\_\_\_\_  Osteomyelitis

**34 MRI Lower Extremity Joint: No IV Contrast 73721**  
 R  L Hip Indications:  Meniscal Tear  
 R  L Knee  Pain  Ligament Tear  
 R  L Ankle  Fracture  Cartilage Tear  
 Internal Derangement  Instability  
 Labral Tear

**35 MRI Lower Extremity Joint: Pre + Post IV Contrast 73723**  
 R  L Hip Indications:  Osteomyelitis  
 R  L Knee  Tumor  Cellulitis  
 R  L Ankle  Infection

**36 MR Arthrogram Lower Extremity Joint**  
 R  L Hip Arthrogram 73722/27093  
 R  L Knee Arthrogram 73722/27370  
 R  L Ankle Arthrogram 73722/27648

**37 MRI Lower Extremity Non-Joint: No IV Contrast 73718**  
 R  L Femur/Thigh Indications:  
 R  L Tib/Fib / Calf  Fracture  
 R  L Foot  Muscle Tear  
 R  L Toe Specify#: \_\_\_\_\_  Tendon Tear

**38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720**  
 R  L Femur/Thigh Indications:  
 R  L Tib/Fib / Calf  Tumor  
 R  L Foot  Soft Tissue Mass  
 R  L Toe Specify#: \_\_\_\_\_  Osteomyelitis

**27 MRI Pelvis: No IV Contrast 72195**  
 Pelvic Pain  SI Joint Pain  
 Sacral/Coccyx Pain

**39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast 74185, 72198, 73725, 73725**  
 Claudication

**40 MRI Cervical Spine: No IV Contrast 72141**  
 Neck Pain  Disc Herniation  
 Numbness  Trauma  
 Radiculopathy

**41 MRI Cervical Spine: Pre + Post IV Contrast 72156**  
 Syrinx  Tumor/Mass  
 Discitis  Osteomyelitis  
 Multiple Sclerosis

**42 MRI Thoracic Spine: No IV Contrast 72146**  
 Pain  Trauma  
 Disc Herniation  Compression Fracture  
 Radiculopathy

**43 MRI Thoracic Spine: Pre + Post IV Contrast 72157**  
 Syrinx  Tumor/Mass  
 Discitis  Osteomyelitis  
 Multiple Sclerosis

**44 MRI Lumbar Spine: No IV Contrast 72148**  
 Lower Back Pain  Disc Herniation  
 Numbness  Radiculopathy  
 Trauma  Leg Pain

**45 MRI Lumbar Spine: Pre + Post IV Contrast 72158**  
 Discitis  Tumor/Mass  
 Post-Op

**46 Other** \_\_\_\_\_

**CT** (COMPUTED TOMOGRAPHY)

**84 CT Cervical Spine: No IV Contrast 72125**

**85 CT Thoracic Spine: No IV Contrast 72128**

**86 CT Lumbar Spine: No IV Contrast 72131**

**87 CT  R  L Upper Extremity: No IV Contrast 73200**  
 Fracture  Clavicle  Humerus  Wrist  
 Pain  Shoulder  Elbow  Hand  
 Scapula  Forearm  Fingers

**88 CT  R  L Upper Extremity: Post IV Contrast Only 73201**  
 Tumor  Clavicle  Humerus  Wrist  
 Infection  Shoulder  Elbow  Hand  
 Scapula  Forearm  Fingers

**89 CT Arthrogram  R  L Upper Extremity**  
 Shoulder  Elbow  Wrist  Other: \_\_\_\_\_  
 73201/23350 73201/24220 73201/25246

**90 CT  R  L Lower Extremity: No IV Contrast 73700**  
 Fracture  Hip  Tib/Fib  Ankle  
 Pain  Femur  Knee  Foot  
 Knee W/ Patella Tracking  Toes  
 Indicate Degrees: \_\_\_\_\_

**91 CT  R  L Lower Extremity: Post IV Contrast Only 73701**  
 Tumor  Hip  Tib/Fib  Foot  
 Infection  Femur  Ankle  Toes  
 Knee

**92 CT Arthrogram  R  L Lower Extremity**  
 Hip  Knee  Ankle  Other: \_\_\_\_\_  
 73701/27093 73701/27370 73701/27648

**78 CT Pelvis: No Oral, No IV Contrast 72192**  
 Bony Pelvis  Sacrum/Coccyx  
 SI Joints

**83 CTA Runoff: No Oral, Post IV Contrast Only 75635**  
 Claudication  Occlusion  
 Stenosis

**93 Other** \_\_\_\_\_

**NUCLEAR MEDICINE**

**220 Bone Scan-Whole Body 78306**

**221 Bone Scan 3 Phase 78315 Region** \_\_\_\_\_

**222 Bone Scan Spect 78320 Region** \_\_\_\_\_

**223 Other** \_\_\_\_\_

**ULTRASOUND**

**108 Extremity Doppler Ultrasound**  
 Venous for DVT  Upper  Lower  
 Bilateral 93970  Right 93971  Left 93971  
 Pain  
 Edema  
 Difficulty walking  
 Shortness of breath

Venous for Insufficiency (lower)  
 Bilateral 93970  Right 93971  Left 93971

Arterial Upper  
 Bilateral 93930  Right 93931  Left 93931

Arterial Lower  
 Bilateral 93925  Right 93926  Left 93926  
 Atherosclerosis  
 Claudication  
 Pelvic Pain

**109 US Extremity 76881  R  L**  
 Body Part: \_\_\_\_\_

**119 Other** \_\_\_\_\_

**X-RAY**

**120 X-Ray Head**  
 Skull  Sinus  
 Nasal Bones  Orbits For Foreign Body  
 Facial Bones  Orbits-Complete

**122 X-Ray Chest**  
 Chest  Bilateral Ribs  
 Right Ribs  Sternum  
 Left Ribs  Sternoclavicular Joints

**124 X-Ray Spine**  
 Cervical AP, LAT, APOM  
 Add Obliques  
 Add Lateral Flexion/Extension  
 Add AP Right & Left Lateral Bending

Thoracic AP, LAT  
 Add Obliques  
 Lumbar AP, LAT  
 Obtain Lumbar Films Upright  
 Add Obliques  
 Add Lateral Flexion/Extension  
 Add AP Bending To R & L

Sacrum/Coccyx  
 Scoliosis Series (Always Upright)

**125 X-Ray Extremities**  
 R  L  BILATERAL  
 Clavicle  Humerus  
 A/C Joints  Elbow  
 Shoulder  Forearm  
 Scapula  Wrist  
 Hand  Bone Age  
 Finger Specify #: \_\_\_\_\_  
 Pelvis  Weight-Bearing  
 Hip  Weight-Bearing  
 Femur  Weight-Bearing  
 Knee  Weight-Bearing  
 Tibia/Fibula  
 Ankle  
 Calcaneus  
 Foot  Weight-Bearing  
 Toe Specify #: \_\_\_\_\_

**126 Skeletal Xray Survey**

**127 Other** \_\_\_\_\_

**DEXA**

**160 Dexa Hips, Lumbar, Wrist 77080**

**161 Dexa Hips, Lumbar 77080**

**162 Dexa with LVA 77085**

**Indications:** \_\_\_\_\_

**INTERVENTIONAL**

**176 MSK  Fluoro-Guided  RT  LT**

**Shoulder**  Aspiration  Injection 77002/20610

**Elbow**  Aspiration  Injection 77002/20605

**Wrist**  Aspiration  Injection 77002/20605

**Hip**  Aspiration  Injection 77002/20610

**Knee**  Aspiration  Injection 77002/20610

**Ankle**  Aspiration  Injection 77002/20605

**Foot**  Aspiration  Injection 77002/20605

**177 MSK  Ultrasound-Guided  RT  LT**

**Shoulder**  Aspiration  Injection 20611

**Elbow**  Aspiration  Injection 20606

**Wrist**  Aspiration  Injection 20611  Ganglion 20612

**Hip**  Aspiration  Injection 20611

**Knee**  Aspiration  Injection 20611

**Ankle**  Aspiration  Injection 20606

**178 Other** \_\_\_\_\_

## MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
<b>Extremity, Non Joint:</b> Forearm Thigh Hand / Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint <b>Non</b> Contrast Upper Extremity / Lower Extremity	Fracture / Stress Fracture Muscle / Tendon Tear	73218/73718	<b>32/37</b>
<b>Extremity, Non Joint:</b> Forearm Thigh Hand/Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint <b>Pre and Post IV</b> Contrast Upper Extremity / Lower Extremity	<b>(Venous Injection)</b> Abscess Osteomyelitis Cellulitis Soft Tissue Morton's Neuroma Tumor/Mass Ulcer	73220/73720	<b>33/38</b>
<b>Extremity, Joint:</b> Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint <b>Non</b> Contrast Upper Extremity / Lower Extremity	Arthritis Joint Pain Cartilage Tear Ligament Tear Fracture/Stress Fracture Meniscal Tear Internal Derangement Muscle / Tendon Tear	73221/73721	<b>29/34</b>
<b>Extremity, Joint:</b> Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint <b>Pre and Post IV</b> Contrast Upper Extremity / Lower Extremity	<b>(Venous Injection)</b> Abscess Osteomyelitis Cellulitis Tumor / Mass Ulcer	73223/73723	<b>30/35</b>
<b>Joint: Arthrogram</b>	MRI Joint <b>Post</b> Contrast	<b>Intra-articular Injection</b>	73222/73722	<b>31/36</b>
Chest - MSK	MRI Chest <b>Non</b> Contrast	AC Joint Pain Sternum SC Joint Pain Brachial Plexus Scapula	71550	<b>16</b>

## MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine <b>Non</b> Contrast	Degenerative Disease Neck Pain Disc Herniation Radiculopathy Extremity Pain/Weakness Trauma	72141	<b>40</b>
Spine: Cervical	MRI Cervical Spine <b>Pre and Post IV</b> Contrast	Discitis Osteomyelitis Mass/Lesion	72156	<b>41</b>
Spine: Thoracic	MRI Thoracic Spine <b>Non</b> Contrast	Back Pain Radiculopathy Compression Fx Stenosis Disc Herniation Trauma	72146	<b>42</b>
Spine: Thoracic	MRI Thoracic Spine <b>Pre and Post IV</b> Contrast	Discitis Osteomyelitis Mass/Lesion	72157	<b>43</b>
Spine: Lumbar	MRI Lumbar Spine <b>Non</b> Contrast	Back Pain Radiculopathy Compression Fx Trauma Disc Herniation	72148	<b>44</b>
Spine: Lumbar	MRI Lumbar Spine <b>Pre and Post IV</b> Contrast	Osteomyelitis yrs Discitis Post Lumbar Surgery (<10 Mass/Lesion)	72158	<b>45</b>

## MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brachial Plexus	MRI Chest <b>Non</b> Contrast	Brachial Plexus Neuropathy	71550	<b>16</b>
Peripheral Angiography	MRA Abd/Pel and Lower Extremity Runoff <b>Post IV ONLY</b> Contrast	Claudication	74185/ 72198/ 73725/ 73725	<b>39</b>

