

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)**

**Louis L. Peralte, MD**  
144-20 29th Ave, Flushing, NY 11354 T: (718) 460-1681 • F: (718) 463-0633

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

<b>MRI</b> (MAGNETIC RESONANCE IMAGING)	<b>X-RAY</b>
<p><b>1 MRI Brain: No IV Contrast</b> 70551</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stroke <input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Trauma</li> <li><input type="checkbox"/> Headache <input type="checkbox"/> Cine Flow Study (78630)</li> <li><input type="checkbox"/> Dementia <input type="checkbox"/> Seizures</li> <li><input type="checkbox"/> Memory Loss <input type="checkbox"/> Multiple Sclerosis</li> </ul> <p><b>2 MRI Brain: Pre + Post IV Contrast</b> 70553</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Brain Tumor <input type="checkbox"/> Seizures</li> <li><input type="checkbox"/> Metastasis <input type="checkbox"/> Bell's Palsy</li> <li><input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Cranial Nerve Lesion</li> <li><input type="checkbox"/> Pituitary Adenoma <input type="checkbox"/> Spectroscopy (76390)</li> <li><input type="checkbox"/> Internal Auditory Canals</li> </ul> <p><b>3 MRA Head: No IV Contrast</b> 70544</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aneurysm <input type="checkbox"/> Vertebrobasilar Syndrome</li> <li><input type="checkbox"/> Pulsatile Tinnitus <input type="checkbox"/> Arteriovenous Malformation</li> <li><input type="checkbox"/> Dizziness <input type="checkbox"/> Visual Field Defect</li> <li><input type="checkbox"/> Syncope</li> </ul> <p><b>7A MRI TMJ No IV Contrast</b> 70336</p> <p><b>7B MRI TMJ Pre + Post IV Contrast</b> 70336</p> <p><b>9 MRI Soft Tissue Neck: Pre + Post IV Contrast</b> 70543</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nasopharynx Mass <input type="checkbox"/> Neck Mass</li> <li><input type="checkbox"/> Tongue/Floor of Mouth Mass <input type="checkbox"/> Parotid Mass</li> <li><input type="checkbox"/> Vocal Cord Paralysis <input type="checkbox"/> Infection</li> </ul> <p><b>10 MRA Neck: No IV Contrast</b> 70547</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stenosis</li> </ul> <p><b>11 MRA Neck: Pre + Post IV Contrast</b> 70549</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stenosis <input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Bruit <input type="checkbox"/> Stroke</li> </ul> <p><b>12 MRI Breast: Pre + Post IV Contrast</b> 77059</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breast Cancer</li> <li><input type="checkbox"/> Family History of Breast Cancer</li> <li><input type="checkbox"/> BRCA1/BRCA2 Positive</li> </ul> <p><b>13 MRI Breast: No IV Contrast</b> 77059</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Implant Rupture</li> </ul> <p><b>15 MRI Chest: Pre + Post IV Contrast</b> 71552</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chest Wall Mass <input type="checkbox"/> Abscess</li> <li><input type="checkbox"/> Mediastinum Mass <input type="checkbox"/> Pericardial Disease</li> </ul> <p><b>16 MRI Chest: No IV Contrast</b> 71550</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pectoralis Tear <input type="checkbox"/> SC Joint Pain</li> <li><input type="checkbox"/> Sternal Trauma <input type="checkbox"/> Brachial Plexus</li> </ul> <p><b>17 MRI Heart: Pre + Post IV Contrast</b> 75561</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Myocardial Perfusion <input type="checkbox"/> Cardiac Function</li> <li><input type="checkbox"/> Myocardial Infarct <input type="checkbox"/> Ejection Fraction</li> </ul> <p><b>18 MRA Chest: Post IV Contrast</b> 71555</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thoracic Aneurysm <input type="checkbox"/> Dissection</li> <li><input type="checkbox"/> Pulmonary Vein Mapping</li> </ul> <p><b>20 MRI Abdomen Pre + Post IV Contrast</b> 74183</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abnormal Liver Functions <input type="checkbox"/> Pancreatitis</li> <li><input type="checkbox"/> Hemangioma <input type="checkbox"/> Renal Mass</li> <li><input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Hematuria</li> <li><input type="checkbox"/> Cirrhosis <input type="checkbox"/> Adrenal Mass</li> </ul> <p><b>21 MRI Abdomen Pre + Post IV Contrast with MRCP</b> 74183/58037</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biliary Obstruction <input type="checkbox"/> Jaundice</li> <li><input type="checkbox"/> Pancreatitis</li> </ul> <p><b>22 MRI Abdomen No IV Contrast</b> 74181</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hemachromatosis (1.5 Tesla Only)</li> <li><input type="checkbox"/> Ductal Stones</li> </ul> <p><b>23 MRA Abdomen Post IV Contrast Only</b> 74185</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal Aneurysm <input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Mesenteric Arterial Stenosis</li> </ul>	<p><b>24 MRI Enterography: Pre + Post IV Contrast; with Glucagon</b> 74183/72197</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Crohn's Disease</li> <li><input type="checkbox"/> Small Bowel Tumor</li> <li><input type="checkbox"/> Celiac Disease</li> </ul> <p><b>26 MRI Pelvis: Pre + Post IV Contrast</b> 72197</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ovarian Mass <input type="checkbox"/> Fistula</li> <li><input type="checkbox"/> Fibroids <input type="checkbox"/> Rectocele</li> <li><input type="checkbox"/> Endometrioma <input type="checkbox"/> Cystocele</li> <li><input type="checkbox"/> Adenomyosis <input type="checkbox"/> Prostate Cancer</li> <li><input type="checkbox"/> Rectal Staging</li> <li><input type="checkbox"/> Benign Prostatic Hyperplasia</li> </ul> <p><b>27 MRI Pelvis: No IV Contrast</b> 72195</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pelvic Pain</li> <li><input type="checkbox"/> SI Joint Pain</li> <li><input type="checkbox"/> Sacral/Coccyx Pain</li> </ul> <p><b>29 MRI Upper Extremity Joint: No IV Contrast</b> 73221</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> R <input type="checkbox"/> L Shoulder <input type="checkbox"/> Indications: <input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Elbow <input type="checkbox"/> Joint Pain <input type="checkbox"/> Labral Tear</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Wrist <input type="checkbox"/> Arthritis <input type="checkbox"/> Ligament Tear</li> <li><input type="checkbox"/> Bursitis <input type="checkbox"/> Tendon Tear</li> </ul> <p><b>32 MRI Upper Extremity Non-Joint: No IV Contrast</b> 73218</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> R <input type="checkbox"/> L Humerus <input type="checkbox"/> Indications: <input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Forearm <input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Hand <input type="checkbox"/> Muscle Tear</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Finger Specify#: _____ <input type="checkbox"/> Tendon Tear</li> </ul> <p><b>34 MRI Lower Extremity Joint: No IV Contrast</b> 73721</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> R <input type="checkbox"/> L Hip <input type="checkbox"/> Indications: <input type="checkbox"/> Meniscal Tear</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Knee <input type="checkbox"/> Pain <input type="checkbox"/> Ligament Tear</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Ankle <input type="checkbox"/> Fracture <input type="checkbox"/> Cartilage Tear</li> <li><input type="checkbox"/> Internal Derangement <input type="checkbox"/> Instability</li> <li><input type="checkbox"/> Labral Tear</li> </ul> <p><b>37 MRI Lower Extremity Non-Joint: No IV Contrast</b> 73718</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> R <input type="checkbox"/> L Femur/Thigh <input type="checkbox"/> Indications: <input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Tib/Fib / Calf <input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Foot <input type="checkbox"/> Muscle Tear</li> <li><input type="checkbox"/> R <input type="checkbox"/> L Toe Specify#: _____ <input type="checkbox"/> Tendon Tear</li> </ul> <p><b>39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast</b> 74185, 72198, 73725, 73725</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Claudication</li> </ul> <p><b>40 MRI Cervical Spine: No IV Contrast</b> 72141</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Neck Pain <input type="checkbox"/> Disc Herniation</li> <li><input type="checkbox"/> Numbness <input type="checkbox"/> Trauma</li> <li><input type="checkbox"/> Radiculopathy</li> </ul> <p><b>41 MRI Cervical Spine: Pre + Post IV Contrast</b> 72156</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Syrinx <input type="checkbox"/> Tumor/Mass</li> <li><input type="checkbox"/> Discitis <input type="checkbox"/> Osteomyelitis</li> <li><input type="checkbox"/> Multiple Sclerosis</li> </ul> <p><b>42 MRI Thoracic Spine: No IV Contrast</b> 72146</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain <input type="checkbox"/> Trauma</li> <li><input type="checkbox"/> Disc Herniation <input type="checkbox"/> Compression Fracture</li> <li><input type="checkbox"/> Radiculopathy</li> </ul> <p><b>43 MRI Thoracic Spine: Pre + Post IV Contrast</b> 72157</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Syrinx <input type="checkbox"/> Tumor/Mass</li> <li><input type="checkbox"/> Discitis <input type="checkbox"/> Osteomyelitis</li> <li><input type="checkbox"/> Multiple Sclerosis</li> </ul> <p><b>44 MRI Lumbar Spine: No IV Contrast</b> 72148</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lower Back Pain <input type="checkbox"/> Disc Herniation</li> <li><input type="checkbox"/> Numbness <input type="checkbox"/> Radiculopathy</li> <li><input type="checkbox"/> Trauma <input type="checkbox"/> Leg Pain</li> </ul> <p><b>45 MRI Lumbar Spine: Pre + Post IV Contrast</b> 72158</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discitis <input type="checkbox"/> Tumor/Mass</li> <li><input type="checkbox"/> Post-Op</li> </ul> <p><b>49 Other</b></p>
<p><b>120 X-Ray Head</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Skull</li> <li><input type="checkbox"/> Nasal Bones</li> <li><input type="checkbox"/> Facial Bones</li> <li><input type="checkbox"/> Sinus</li> <li><input type="checkbox"/> Orbits For Foreign Body</li> <li><input type="checkbox"/> Orbits-Complete</li> </ul> <p><b>121 X-Ray Neck</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Soft Tissue Neck Lateral</li> <li><input type="checkbox"/> Mandible</li> <li><input type="checkbox"/> TMJ <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</li> </ul> <p><b>122 X-Ray Chest</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chest</li> <li><input type="checkbox"/> Right Ribs</li> <li><input type="checkbox"/> Left Ribs</li> <li><input type="checkbox"/> Bilateral Ribs</li> <li><input type="checkbox"/> Sternum</li> <li><input type="checkbox"/> Sternoclavicular Joints</li> </ul> <p><b>123 X-Ray Abdomen And Pelvis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> KUB (Supine Only)</li> <li><input type="checkbox"/> Supine And Upright</li> <li><input type="checkbox"/> Pelvis</li> <li><input type="checkbox"/> Sacroiliac Joints</li> <li><input type="checkbox"/> Hysterosalpingogram</li> <li><input type="checkbox"/> Esophogram</li> <li><input type="checkbox"/> Sitz Marker Study</li> <li><input type="checkbox"/> Upper GI</li> <li><input type="checkbox"/> Upper GI/Small Bowel</li> <li><input type="checkbox"/> Small Bowel Series</li> </ul> <p><b>124 X-Ray Spine</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cervical             <ul style="list-style-type: none"> <li><input type="checkbox"/> Add Lateral Flexion/Extension</li> <li><input type="checkbox"/> Add AP Right &amp; Left Lateral Bending</li> </ul> </li> <li><input type="checkbox"/> Thoracic</li> <li><input type="checkbox"/> Lumbar             <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain Lumbar Films Upright</li> <li><input type="checkbox"/> Add Lateral Flexion/Extension</li> <li><input type="checkbox"/> Add AP Bending To R &amp; L</li> </ul> </li> <li><input type="checkbox"/> Sacrum/Coccyx</li> <li><input type="checkbox"/> Scoliosis Series (Always Upright)</li> </ul> <p><b>125 X-Ray Extremities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL</li> <li><input type="checkbox"/> Clavicle</li> <li><input type="checkbox"/> A/C Joints</li> <li><input type="checkbox"/> Shoulder</li> <li><input type="checkbox"/> Scapula</li> <li><input type="checkbox"/> Humerus</li> <li><input type="checkbox"/> Elbow</li> <li><input type="checkbox"/> Forearm</li> <li><input type="checkbox"/> Wrist</li> <li><input type="checkbox"/> Bone Age</li> <li><input type="checkbox"/> Hand</li> <li><input type="checkbox"/> Finger Specify #: _____</li> <li><input type="checkbox"/> Pelvis <input type="checkbox"/> Weight-Bearing</li> <li><input type="checkbox"/> Hip <input type="checkbox"/> Weight-Bearing</li> <li><input type="checkbox"/> Femur</li> <li><input type="checkbox"/> Knee <input type="checkbox"/> Weight-Bearing</li> <li><input type="checkbox"/> Tibia/Fibula</li> <li><input type="checkbox"/> Ankle</li> <li><input type="checkbox"/> Calcaneus</li> <li><input type="checkbox"/> Foot <input type="checkbox"/> Weight-Bearing</li> <li><input type="checkbox"/> Toe Specify #: _____</li> </ul>	<p><b>126 Skeletal Xray Survey</b></p> <p><b>129 Other</b></p>

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)**

**Louis L. Peralte, MD**  
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**PATIENTS:** **CALL TO MAKE AN APPOINTMENT** **TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO [RX@ZPRAD.COM](mailto:RX@ZPRAD.COM)**

**CT (COMPUTED TOMOGRAPHY)**

- 50 CT Head: No IV Contrast 70450**  
 Transient Ischemic Attack     Dementia  
 Stroke     Seizures  
 Bleed     Trauma  
 Headaches     Multiple Sclerosis
- 51 CT Head: Post IV Contrast Only 70460**  
 Infection     Diplopia
- 52 CT Head: Pre + Post IV Contrast 70470**  
 Brain Tumor     Abscess  
 Metastasis     Meningitis
- 57 CT Maxillofacial/Sinus: No IV Contrast 70486**  
 Sinusitis     Swelling  
 Facial Bone Trauma
- 57A Maxillofacial/Sinus: Post IV Contrast 70487**  
 Post-op     Osteomyelitis
- 62 CT Soft Tissue Neck: No IV Contrast 70490**  
 Salivary Stone     Swelling
- 63 CT Soft Tissue Neck: Post IV Contrast ONLY 70491**  
 Neck Mass     Adenopathy
- 66 CT Chest: No IV Contrast 71250**  
 Cough     Atelectasis  
 Lung Nodule     COPD  
 Asbestosis     Fibrosis  
 Effusion     Calcium Scoring  
 Congestive Heart Failure
- 67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)**
- 68 CT Chest: Post IV Contrast ONLY 71260**  
 Hilar Adenopathy     Hemoptysis  
 Central Lung Cancers     Infection  
 Lung Mass
- 69 CTA Chest: Post IV Contrast Only 71275**  
 Aneurysm     Aortic Dissection  
 Pulmonary Embolism     Pulmonary Vein
- 70 CTA Coronary Arteries: Post IV Contrast Only 75574**  
 Stenosis     Occlusion
- 71 CT Calcium Scoring: No IV Contrast (self pay)**
- 72 CT Abdomen and Pelvis: Yes Oral, No IV Contrast 74176**  
 Appendicitis     Abdominal Pain  
 Diverticulitis     Fever  
 Bloating
- 73 CT Abdomen and Pelvis: No Oral, No IV Contrast 74176**  
 Stonehunt
- 74 CT Abdomen and Pelvis: Yes Oral, Post IV Contrast Only 74177**  
 Enterography     Lymphoma
- 75 CT Abdomen: Yes Oral, Pre + Post IV Contrast and Pelvis: Post IV Contrast 74178**  
 Oncology Follow-Up     Breast Cancer  
 Colon Cancer     Cervical Cancer
- 77 CT Abdomen: Yes Oral, Pre + Post IV Contrast 74170**  
 Adrenal Mass     Elevated LFT'S  
 Pancreatic Mass     Cirrhosis  
 Pancreatitis     Fatty Liver  
 Liver Mass     Renal Mass
- 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

**CT (COMPUTED TOMOGRAPHY) CONT'D**

- 90 CT R L Lower Extremity: No IV Contrast 73700**  
 Fracture     Hip     Tib/Fib     Foot  
 Pain     Femur     Ankle     Toes  
     Knee
- 91 CT R L Lower Extremity: Post IV Contrast Only 73701**  
 Tumor     Hip     Tib/Fib     Foot  
 Infection     Femur     Ankle     Toes  
     Knee
- 99 Other** \_\_\_\_\_

**NUCLEAR MEDICINE**

- 210** Thyroid Uptake And Scan 78014
- 211** Thyroid I-131 Treatment 79005
- 212** Parathyroid with SPECT 78071
- 215** MUGA 78472
- 216** HIDA 78226     with CCK 78227
- 217** Kidneys With Flow And Function (DTPA) 78707
- 218** Kidneys With Lasix (DTPA) 78708
- 219** Gastric Emptying 78264
- 220** Bone Scan-Whole Body 78306
- 221** Bone Scan 3 Phase 78315  
 Region \_\_\_\_\_
- 222** Bone Scan Spect 78320  
 Region \_\_\_\_\_
- 229** Other \_\_\_\_\_

**PET** PLEASE FAX SCRIPT AND CLINICAL NOTES TO: 631-992-6464

- PET/CT**
- 200** Brain 78608 PET
- 201** Skull Base To Mid Thighs 78815
- 202** Whole Body 78816
- 203** F-18 Bone Mets (PROSTATE CANCER ONLY) 78816
- PET with MRI for attenuation correction**
- 204** Brain 78608 PET
- 205** Skull Base To Mid Thighs 78812
- 206** Whole Body 78813
- 207** F-18 Bone Mets (PROSTATE CANCER ONLY) 78813

**DEXA**

- 160** Dexa Hips, Lumbar, Wrist 77080
- 161** Dexa Hips, Lumbar 77080
- 162** Dexa with LVA 77085
- Indications:** \_\_\_\_\_

**MAMMOGRAPHY**

- 150** Screening     Bilateral     Right     Left  
 With 3D Tomosynthesis 77063
- 151** Diagnostic     Bilateral     Right     Left  
 With 3D Tomosynthesis G0279
- 152** Male Diagnostic Mammography  
 With 3D Tomosynthesis G0279

**ULTRASOUND**

- 101** US Neck 76536  
 Neck     Thyroid     Parotid
- 103** US Breast  
 Complete 76641     Bilateral     Right     Left  
 Limited 76642     Bilateral     Right     Left  
 Dense Breast     Lump  
 Abnormal/inconclusive Mammography
- 104** US Abdomen  
 Abdomen Complete 76700  
 Abdomen RUQ Only 76705  
 Renal/Retroperitoneum Complete 76770  
 Renal Transplant including Doppler 76776  
 Aorta 76775
- 105** US Pelvis  
 Gyn Transabdominal Only 76856  
 Gyn Transvaginal Only 76830  
 Gyn Transvaginal AND Transabdominal 76856/76830  
 Hysterosonogram 58340/76831  
 Bladder 76857  
 Male Pelvis 76856  
 Prostate (Transrectal) 76872  
 Groin     R     L 76881  
 Testicular/Scrotal 76870
- 107** US Vascular / Cardiac  
 Carotid Doppler 93880  
 Dizziness and giddiness     Localized swelling  
 Syncope/Collapse     Mass/Lump Neck  
 Neck Pain     Echocardiogram 93306  
 Complete Abdominal Doppler 93975  
 Renal Artery Doppler 93975
- 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
- 119** Other ---

**INTERVENTIONAL/BIOPSY**

- 170** US Breast FNA 76942/10022  
 Specify Region \_\_\_\_\_
- 171** US Core Biopsy 19083 (includes post procedure mammo)  
 Specify Region \_\_\_\_\_
- 172** Stereotactic Biopsy 19081 (includes post procedure mammo)  
 Specify Region \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US
- 173** MRI Breast Biopsy 19085  
 Specify Region \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US
- 179** Other \_\_\_\_\_