

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) \_\_\_\_\_ PHYSICIAN NAME (PRINTED OR STAMPED) \_\_\_\_\_ PHYSICIAN ADDRESS \_\_\_\_\_  
Tel: (718) 424-8660 F: (347) 813-4430

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:  Fracture  
 R  L Forearm  Muscle Tear  
 R  L Hand  Tendon Tear  
 R  L Finger Specify#: \_\_\_\_\_  Tendon Tear
- 33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220**  
 R  L Humerus Indications:  Tumor  
 R  L Forearm  Infection  
 R  L Hand  Osteomyelitis  
 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:  Fracture  
 R  L Tib/Fib / Calf  Muscle Tear  
 R  L Foot  Tendon Tear  
 R  L Toe Specify#: \_\_\_\_\_
- 38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720**  
 R  L Femur/Thigh Indications:  Tumor  
 R  L Tib/Fib / Calf  Soft Tissue Mass  
 R  L Foot  Osteomyelitis  
 R  L Toe Specify#: \_\_\_\_\_
- 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>

