ZWANGER-PESIRI RADIOLOGY

T:(631) 444-5544 zprad.com

Please ask your patients to take a cell phone photo of this referral slip in case they forget to bring it with them to our office.

Physician *Letter of Medical Necessity*

Today's Date _____

Please be advised that _____ (PATIENT NAME) _____ (Date of Birth) is presently being treated under my care. I find the test indicated below to be medically necessary.

Clinical Indications/Signs/Symptoms: _____

ICD-10: _____

DOCTORS ABOUT CARE

TIMOTHY MOSOMILLO, DO

Signature (required): _____

422 Great East Neck Road, Suite C • West Babylon, NY 11704 • Tel: 631.661.6611 • Fax: 631.661.5504

MRI

☐ 3T Wide-Bore ☐ 1.5T Wide-Bore ☐ 1.2 Open-Sided
☐ Either 3T or 1.5T Wide-Bore

☐ With & without contrast ☐ No contrast

☐ With I.V. sedation

Neuro/ENT/Spine
- ☐ Brain
- ☐ Orbits
- ☐ Pituitary
- ☐ IAC
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Sacrum/coccyx
- ☐ CSF Flow
- ☐ DTI
- ☐ Perfusion
- ☐ MR spectroscopy
- ☐ TMJ
- ☐ Soft tissue neck/parotid

Orthopedic
- ☐ Shoulder ☐ R ☐ L
- ☐ Upper arm ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Finger ☐ R ☐ L
  Specify _____
- ☐ Pelvis ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Thigh ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Lower leg ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Toe ☐ R ☐ L
- ☐ Cartilage mapping
- ☐ MR arthrogram
  Specify _____

MRA
- ☐ Carotid MRA
- ☐ Intracran/circle of Willis
- ☐ Intracran/MR venogram
- ☐ MR venogram
  Specify _____
- ☐ NOVA
- ☐ Carotid
- ☐ Aortic arch
- ☐ Abdominal aorta only
- ☐ Renal arteries
- ☐ Mesenteric arteries
- ☐ Aorta/lower extremities

Chest & Body
- ☐ Chest
- ☐ Breast MRI
- ☐ Cardiac MRI
  ☐ Function ☐ Viability
- ☐ Mediastinum
- ☐ Brachial plexus
- ☐ Clavicle/sc joint
- ☐ Scapula
- ☐ Sternum
- ☐ Thoracic outlet
- ☐ Abdomen
  Specify _____
- ☐ Pelvis
- ☐ Dynamic pelvis/ MR defogram
- ☐ Prostate
- ☐ Enterography
- ☐ MRCP
- ☐ Rectal MRI

☐ Other _____

CT

☐ With Contrast ☐ Without Contrast ☐ With & Without Contrast
☐ Oral Contrast Only ☐ IV Contrast Only ☐ Oral & IV Contrast

CT Angiography
- ☐ Coronary artery CTA with calcium scoring (needs contrast)
  - ☐ Chest CTA/PE
- ☐ Calcium scoring only
- ☐ CT angiogram (needs contrast)
  - ☐ Intracranial
  - ☐ Carotid
  - ☐ Aortic arch/thoracic aorta
  - ☐ Renal
  - ☐ Lower extremity run off

Neuro/ENT
- ☐ Brain
- ☐ Orbits
- ☐ Temporal bones
- ☐ Paranasal sinuses
- ☐ Soft tissues neck

Musculoskeletal
- ☐ Joint
  Specify _____
- ☐ Extremity
  Specify _____
- ☐ Scanogram

Spine
- ☐ Cervical
- ☐ Thoracic
  Specify levels _____
- ☐ Lumbar
- ☐ Sacrum/coccyx

Body
- ☐ Stone hunt
- ☐ Hematuria
- ☐ Chest only
- ☐ Soft tissues neck/chest/ abdomen/pelvis
- ☐ Soft tissues neck only
- ☐ Chest/abdomen/pelvis
- ☐ Abdomen/pelvis
- ☐ Enterography
- ☐ Abdomen only
- ☐ Pelvis only
- ☐ Triple phase liver

☐ Other _____

Nuclear Medicine

- ☐ Bone scan
  - ☐ Add SPECT if needed
  - ☐ Whole body
  - ☐ 3 phase
    Region _____
- ☐ Cardiac
  - ☐ Myocardial perfusion stress study
    - ☐ With treadmill/ exercise
    - ☐ With pharm. agent
  - ☐ MUGA (gated blood pool)
- ☐ Thyroid
  - ☐ Uptake & scan
  - ☐ I-131 treatment
    Dose _____
- ☐ HIDA/DISIDA
  - ☐ With cholecystokinin
- ☐ Renal
  - ☐ With lasix washout
  - ☐ DTPA
- ☐ Parathyroid
- ☐ Gastric emptying

☐ Other _____

Mammography

☐ Please schedule breast sonogram appointment if needed based on the mammogram.

☐ **Screening** With 3D Tomosynthesis (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left

☐ **Screening** (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left

☐ **Diagnostic** With 3D Tomosynthesis-Must select reason(s)
☐ Bilateral ☐ Right ☐ Left

☐ **Diagnostic** - Must select reason(s)
☐ Bilateral ☐ Right ☐ Left

Reasons:
- ☐ Additional diagnostic views
- ☐ Short term follow up
- ☐ New lump, mass or thickening
- ☐ Old lump or mass increased in size
- ☐ New nipple discharge
- ☐ New inverted nipple
- ☐ Skin changes (dimpling, redness or abnormal increase in breast size)
- ☐ Lymphadenopathy
- ☐ Current use of Tamoxifen, Femara or Arimidex

Ultrasound

- ☐ Breast
  ☐ Bilateral ☐ R ☐ L
- ☐ Thyroid
- ☐ Scrotal/testicular
- ☐ Transrectal prostate
- ☐ Pelvis (GYN)
  - ☐ Transabdominal
  - ☐ Transvaginal
  - ☐ Transabdominal / Transvaginal
- ☐ Hysterosonogram
- ☐ Obstetrical
- ☐ Abdomen
- ☐ Aorta only
- ☐ Retroperitoneum (Renal/Bladder)

Vascular
- ☐ Carotid doppler
- ☐ Venous doppler
  - ☐ Lower extremity ☐ R ☐ L ☐ Bilateral
  - ☐ Upper extremity ☐ R ☐ L ☐ Bilateral
- ☐ Arterial doppler
  - ☐ Lower extremity ☐ R ☐ L ☐ Bilateral
  - ☐ Upper extremity ☐ R ☐ L ☐ Bilateral
- ☐ Renal arterial doppler

☐ Other _____

Interventional Biopsy

☐ Thyroid ☐ Lung ☐ Liver
☐ US Breast FNA Specify Region _____
☐ US Core Biopsy (includes post procedure mammo)
Specify Region _____
☐ Stereotactic Biopsy (includes post procedure mammo)
Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ MRI Breast Biopsy 1 Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ Other _____

Fluoroscopy

☐ Lap band
☐ Hysterosalpingogram
☐ Other:

MRI/PET

☐ Add MR intraveneous contrast if needed
PET Only Auth#: _____

- ☐ 78608 Brain PET
- ☐ 78812 Top of head to mid thigh
- ☐ 78813 Top of head to toes (melanoma protocol)

☐ With additional MRI Body region: _____
MRI Auth#: _____

PET/CT

☐ Add CT intravenous contrast if needed
PET/CT Auth#: _____

- ☐ 78608 Brain PET
- ☐ 78815 Base of skull to mid thigh
- ☐ 78816 Top of head to toes (melanoma protocol)

☐ Other:

Echocardiogram

DXA Bone Density

Digital X-RAY

Patients can print registration forms online

- ☐ Skull
- ☐ Orbits
- ☐ Facial bones
- ☐ Nasal bones
- ☐ C spine
- ☐ T spine
- ☐ L spine
- ☐ Sacrum
- ☐ Chest
- ☐ F/U abdomen
- ☐ KUB abdomen
- ☐ Pelvis
- ☐ Bone age
- ☐ Ribs
- ☐ Shoulder ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Fingers ☐ R ☐ L
- ☐ Hips ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tibia/fibula ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Toes ☐ R ☐ L
- ☐ Other:

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ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
•Abdominal+Pelvis **No contrast**	•Abdomen **Pre+Post** •Pelvis **Pre+Post**	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen **Pre + Post**	•Abdomen + Pelvis **No IV Contrast**	•Abdomen + Pelvis **Post Contrast**	•Abdomen **Pre + Post** •Pelvis **Post**
74176	**74178**	**74174** **75635-RUN OFF**	**74170**	**74176**	**74177**	**74178**
•For Stone Hunt Study Only	•Urogram •Hematuria **CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT** **74175**	•Aortic Aneurysm •Aortic Aneurysm With Runoff	•Triple Phase Liver •Pancreas Study •Kidney Tumor •Adrenal Study	•Pain •Appendicitis •Diverticulitis	•Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma	•Oncology Follow Up •Breast Cancer •Cervical Cancer •Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT
Abdomen	MRI Abdomen **Non** Contrast	MRCP Hemachromatosis	74181
Abdomen	MRI Abdomen **Pre and Post** IV Contrast	Kidneys Mass Pancreas Liver Adrenals	74183
Brachial Plexus	MRI Chest **Non** Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest **Pre and Post** IV Contrast	Infection Metastatic Disease Mass Thoracic Outlet Syndrome	71552
Breast	MRI Breast **Pre and Post** IV Contrast	Breast Cancer BRCA 1/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast **Non** IV Contrast	Implant Rupture	77059
Cardiac	MRI Heart **Pre and Post** IV Contrast	Myocardial Perfusion EF Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis **Pre and Post** IV Contrast	Adenomyosis Adnexal Mass Pre-embolization Endometriomas Endometrial CA work-up Menses Problems Known Fibroids Uterine Artery Embolus Pelvic Pain Ovarian CA Rectocele Uterine Anomalies Ovarian Cysts Cystocele	72197
Pelvis - Male	MRI Pelvis **Pre and Post** IV Contrast	Prostate Rectal Staging	72197