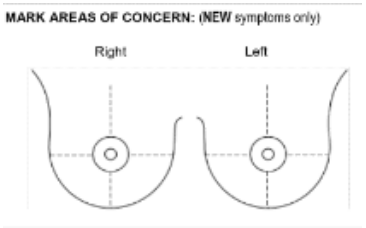
CRG Ultrasound Order Form

Cheyenne Radiology Group

To Schedule an Appointment Phone: 307-634-7711 or Fax: 307-634-7760

Patient Name:	DOB:	Weight:	Date of Request:
Patient Address:			Phone:
Insurance:	Policy #:		Payer ID:
ICD 10 Codes:			

	US ABDOMINAL/PELVIS/SMALL PARTS	CPT
	US Abdomen Complete *includes MPV*	76700
	US Abdomen w/ Doppler	93976
	US Abd Limited *Specific organ, abd lump, low back lump, abd wall defect*	76705
	US Abdl Aorta Aneurysm Screen AAA	76706
	US Retroperitoneal Limited *Follow up on known AAA*	76775
	US Retro Complete	76770
	US Renal Doppler *typically for HTN dx*	93975
	US Pelvis Complete *Transabdominal only*	76856
	US Transvaginal	76830
	US Testicles	76870
	US Pelvis Limited *Pre/post void bladder, buttock, penis, perineum*	76857
	US Neck, Thyroid, Soft tissue of head	76536
	US Chest *also includes upper back lump*	76604
	US Left Arm non-vascular limited *lump including axilla*	76882
	US Right Arm non-vascular limited *lump including axilla*	76882
	US Left Leg/Groin non-vascular limited *lump/hernia*	76882
	US Right Leg/Groin non-vascular limited *lump/hernia*	76882
	US BREAST	**CPT**
	US Breast Bilateral Limited	76642
	US Left Breast Limited	76642
	US Right Breast Limited	76642
	US Breast Bilat Complete	76641
	US Guided Left Breast Biopsy	19083
	US Guided Right Breast Biopsy	19083
	US Left Breast placement of localization device	19285
	US Right Breast placement of localization device	19285
	US Guided Left Breast cyst aspiration	19000
	US Guided Right Breast cyst aspiration	19000
	US Left Breast/Axilla lymph node biopsy *staging BR CA*	38505
	US Right Breast/Axilla lymph node biopsy *staging BR CA*	38505



Additional Notes:

US OBSTETRICS INFO	
EDD:	LMP:

	US OBSTETRICS	CPT
	OB Transvaginal: *<10wks dating/viability or 2nd/3rd tri placenta/cervix check*	76817
	<14 wks OB Transabdominal *10-14wks dating/viability*	76801
	OB Complete *Anatomy scan 18-21 weeks*	76811
	OB Follow up fetal *Growth or Fetal Organ follow up*	76816
	OB Limited o*nly AFI or Fetal Pres or Heart Rate or Cervix*	76815
	Biophysical Profile w/o nonstress testing	76819
	Umbilical Cord Doppler *typically 36-42 weeks*	76820
	US PEDIATRIC	**CPT**
	US Spinal Canal *typically < 6 months old*	76800
	US Encephalogram *typically <9 months old*	76506
	US Infant Hips *typically 4-6 weeks old*	76885
	US VASCULAR STUDIES	**CPT**
	US Carotids Duplex	93880
	US ABI w/o Exercise	93922
	US Plethysmography	93923
	US Arterial Bilateral Lower	93925
	US Lower Extremity Arteries Left	93926
	US Lower Extremity Arteries Right	93926
	US Arterial Bilateral Upper	93930
	US Upper Extremity Arteries Left	93931
	US Upper Extremity Arteries Right	93931
	US Venous Bilateral Lower	93970
	US Left Lower Extremity Venous	93971
	US Right Lower Extremity Venous	93971
	US Venous Bilateral Upper	93970
	US Left Upper Extremity Venous	93971
	US Right Upper Extremity Venous	93971
	US GUIDED PROCEDURES	**CPT**
	US Paracentesis *needs Abd Lim ordered 76705*	49083
	US Thoracentesis Puncture *needs US Chest76604*	32555
	US Guided Lymph Node Biopsy Left *not BR CA related*	38505
	US Guided Lymph Node Biopsy Right *not BR CA related*	38505
	US Guided Needle Placement Left *typically FNA thy/lump*	76942
	US Guided Needle Placement Right *typically FNA thy/lump*	76942
	US HysteroSonogram: *endometrial survey for polyps only Schedule day 6-10 of cycle with US Transvaginal order 76830.*	76831

All procedures need prior imaging or imaging of area done same day.

Location of prior imaging:

Facility Name, Address, Phone Number and Fax:

Provider Signature: _____

Printed Provider Name and NPI number:

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