South Jersey Radiology Associates — SJRA

Today's Date: _____ / _____ / _____

AMERICAN COLLEGE OF RADIOLOGY ACCREDITED

Patient Name: _____ DOB: _____ / _____ / _____

Home/Work Phone #: _____ Sex: ❑ Male ❑ Female

Cell Phone #: _____ Primary Insurance: _____

Insurance ID #: _____ Cert/Auth #: _____

Reference #: _____ NPI #: _____

Referring Physician's Name: _____

Referring Physician's Signature: _____

Physician Address: _____

ICD 10 Code: _____ DX Code(s): _____

Clinical Notes: _____

MRI

❑ Brain ❑ IAC ❑ Pituitary (❑ Perfusion)
  ❑ 70551 W/O Contrast
  ❑ 70553 W/ & W/O Contrast
  ❑ ARIA Protocol (Select 70551 or 70553)
    ❑ Completed Infusions: _____
  ❑ 76377 NeuroQuant®
    ❑ Dementia
    ❑ MS
    ❑ Pediatrics
    ❑ Seizure

❑ Orbit/Face/Neck
  ❑ 70540 W/O Contrast
  ❑ 70543 W/ & W/O Contrast

❑ Temporal Bone (TMJ)
  ❑ 70336 W/O Contrast
  ❑ 70336 W/ & W/O Contrast

❑ Cervical Spine
  ❑ 72141 W/O Contrast
  ❑ 72156 W/ & W/O Contrast

❑ Thoracic Spine
  ❑ 72146 W/O Contrast
  ❑ 72157 W/ & W/O Contrast

❑ Lumbar Spine
  ❑ 72148 W/O Contrast
  ❑ 72158 W/ & W/O Contrast

❑ Chest (❑ L ❑ R ❑ B)
  ❑ 71550 W/O Contrast
  ❑ 71552 W/ & W/O Contrast
  ❑ 71557 & 75561 Heart/Cardiac

❑ Upper Extremity (Non-Joint)
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ 73218 W/O Contrast
  ❑ 73220 W/ & W/O Contrast

❑ Upper Extremity (Joint)
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ 73221 W/O Contrast
  ❑ 73223 W/ & W/O Contrast

❑ Lower Extremity (Non-Joint)
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ 73718 W/O Contrast
  ❑ 73720 W/ & W/O Contrast

❑ Lower Extremity (Joint)
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ 73721 W/O Contrast
  ❑ 73723 W/ & W/O Contrast

❑ Abdomen (❑ W/ MRCP ❑ W/O MRCP)
  ❑ 74181 W/O Contrast
  ❑ 74183 W/ & W/O Contrast
  ❑ 72197/74183 Enterography

❑ Pelvis
  ❑ 72195 W/O Contrast
  ❑ 72197 W/ & W/O Contrast

❑ Prostate W/ 3D Recon (PSA Required)
  ❑ 72195 W/O Contrast
  ❑ 76377 W/ & W/O Contrast
    ❑ 76498 3D DynaCad Visualization

❑ MR Angio of Brain/Head
  ❑ 70544 W/O Contrast
  ❑ 70545 W/ Contrast
  ❑ 70546 W/ & W/O Contrast

❑ MR Angio of Carotid/Neck
  ❑ 70547 W/O Contrast
  ❑ 70548 W/ Contrast
  ❑ 70549 W/ & W/O Contrast

❑ MR Angio of Chest/Thoracic
  ❑ C8910 W/O Contrast
  ❑ C8909 W/ Contrast
  ❑ C8911 W/ & W/O Contrast

❑ MR Angio of Upper Extremity
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ C8935 W/O Contrast
  ❑ C8934 W/ Contrast
  ❑ C8936 W/ & W/O Contrast

❑ MR Angio of Lower Extremity
  ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  ❑ C8913 W/O Contrast
  ❑ C8912 W/ Contrast
  ❑ C8914 W/ & W/O Contrast

❑ MR Angio of Abdomen
  ❑ C8901 W/O Contrast
  ❑ C8900 W/ Contrast
  ❑ C8902 W/ & W/O Contrast

❑ MR Arthro of Shoulder (❑ L ❑ R ❑ B)
  ❑ 73222 W/ Contrast

❑ MR Arthro of Hip (❑ L ❑ R ❑ B)
  ❑ 73722 W/ Contrast

❑ MR Arthro of Knee (❑ L ❑ R ❑ B)
  ❑ 73722 W/ Contrast

❑ MR Arthro of Wrist (❑ L ❑ R ❑ B)
  ❑ 73222 W/ Contrast

❑ MR Arthro of Elbow (❑ L ❑ R ❑ B)
  ❑ 73222 W/ Contrast

CT

❑ Brain
  ❑ 70450 W/O Contrast
  ❑ 70460 W/ Contrast
  ❑ 70470 W/ & W/O Contrast

❑ Orbits/Temporal Bone (TMJ)
  ❑ 70480 W/O Contrast
  ❑ 70481 W/ Contrast
  ❑ 70482 W/ & W/O Contrast

❑ Maxillofacial/Sinus
  ❑ 70486 W/O Contrast
    ❑ Landmarx
    ❑ Stryker
    ❑ Medtronic
  ❑ 70487 W/ Contrast
  ❑ 70488 W/ & W/O Contrast

❑ Neck (❑ Parathyroid Protocol)
  ❑ 70490 W/O Contrast
  ❑ 70491 W/ Contrast
  ❑ 70492 W/ & W/O Contrast

❑ Colon
  ❑ 74263 Screening
  ❑ 74261 Diagnostic

❑ Cervical Spine
  ❑ 72125 W/O Contrast
  ❑ 72126 W/ Contrast
  ❑ 72127 W/ & W/O Contrast

❑ Thoracic Spine
  ❑ 72128 W/O Contrast
  ❑ 72129 W/ Contrast
  ❑ 72130 W/ & W/O Contrast

❑ Lumbar Spine
  ❑ 72131 W/O Contrast
  ❑ 72132 W/ Contrast
  ❑ 72133 W/ & W/O Contrast

❑ Chest
  ❑ 71250 W/O Contrast
  ❑ 71260 W/ Contrast
  ❑ 71270 W/ & W/O Contrast
  ❑ 71271 Lung Screening
  ❑ 75571 Calcium Scoring

CT

- ❑ Chest / Abdomen / Pelvis
  - ❑ 71250, 74176 W/O Contrast
  - ❑ 71260, 74177 W/ Contrast
  - ❑ 71270, 74178 W/ & W/O Contrast
- ❑ Upper Body Extremity
  - ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  - ❑ 73200 W/O Contrast
  - ❑ 73201 W/ Contrast
  - ❑ 73202 W/ & W/O Contrast
- ❑ Lower Body Extremity
  - ❑ Body Part: _____ (❑ L ❑ R ❑ B)
  - ❑ 73700 W/O Contrast
  - ❑ 73701 W/ Contrast
  - ❑ 73702 W/ & W/O Contrast
- ❑ Abdomen
  - ❑ 74150 W/O Contrast
  - ❑ 74160 W/ Contrast
  - ❑ 74170 W/ & W/O Contrast
- ❑ Abdomen w/ Pelvis
  - ❑ 74176 W/O Contrast
  - ❑ 74177 W/ Contrast
  - ❑ 74178 W/ & W/O Contrast
  - ❑ 74176 Stone Study
  - ❑ 74177 Enterography
  - ❑ 74178 Urogram
- ❑ CT Angio
  - ❑ 70496 Brain/Head
  - ❑ 70498 Carotid
  - ❑ 70496 Brain & Carotid
  - ❑ 71275 Chest (Pulmonary)
  - ❑ 71275 Chest (Non-Cardiac)
  - ❑ 75574 Heart (Coronary Arteries)
  - ❑ 74175 Abdomen
  - ❑ 74174 Abdomen w/ Pelvis
  - ❑ 75635 Aorta & Runoff
  - ❑ 73206 Upper Extremity (❑ L ❑ R ❑ B)
  - ❑ 73706 Lower Extremity (❑ L ❑ R ❑ B)
- ❑ CT Arthro of Shoulder (❑ L ❑ R ❑ B)
  - ❑ 73201 W/ Contrast
- ❑ CT Arthro of Hip (❑ L ❑ R ❑ B)
  - ❑ 73701 W/ Contrast
- ❑ CT Arthro of Knee (❑ L ❑ R ❑ B)
  - ❑ 73701 W/ Contrast
- ❑ CT Arthro of Wrist (❑ L ❑ R ❑ B)
  - ❑ 73201 W/ Contrast
- ❑ CT Arthro of Elbow (❑ L ❑ R ❑ B)
  - ❑ 73201 W/ Contrast

WOMEN'S IMAGING

- ❑ 3D Screening Mammogram
  - ❑ 77067 Unilateral (❑ L ❑ R)
  - ❑ 77063 Bilateral
- ❑ 3D Diagnostic Mammogram
  - ❑ 77066 Unilateral (❑ L ❑ R)
  - ❑ 77065 Bilateral
- ❑ Breast Ultrasound
  - ❑ 76645 Screening (❑ L ❑ R ❑ B)
  - ❑ 76642 Unilateral Limited (❑ L ❑ R)
  - ❑ 76641 Unilateral Complete
  - ❑ 76882 Axilla Alone
- ❑ 76856 Pelvic Ultrasound
  - ❑ 76830 w/ Transvaginal
- ❑ 76816 Fetal Ultrasound Limited
  - ❑ 76801 Less than 14 Weeks
  - ❑ 76805 Greater than 15 Weeks
  - ❑ 76830 w/ Transvaginal

WOMEN'S IMAGING

- ❑ MRI Breast
  - ❑ 77048 Unilateral W/ & W/O Contrast
  - ❑ 77049 Bilateral W/ & W/O Contrast
  - ❑ Implant Evaluation W/O Contrast
- ❑ Stereotactic Breast Biopsy
  - ❑ 19081 Unilateral (❑ L ❑ R)
  - ❑ 19081 Bilateral
- ❑ MRI Guided Core Biopsy
  - ❑ 19085 Unilateral (❑ L ❑ R)
  - ❑ 19085 Bilateral
- ❑ Ultrasound Guided Core Biopsy
  - ❑ 19083 Unilateral (❑ L ❑ R)
  - ❑ 19083 Bilateral
- ❑ Ultrasound Guided Lymph Node Biopsy
  - ❑ 19285 Unilateral (❑ L ❑ R)
  - ❑ 19285 Bilateral
- ❑ MRI Guided Needle Localization
  - ❑ 19287 Unilateral (❑ L ❑ R)
  - ❑ 19287 Bilateral
- ❑ Breast Cyst Aspiration
  - ❑ 19000 Unilateral (❑ L ❑ R)
  - ❑ 19000 Bilateral
- ❑ 77080 Bone Density (DEXA)

ULTRASOUND

- ❑ Head/Neck
  - ❑ 93880 Carotid Arteries
  - ❑ 76536 Thyroid Gland
  - ❑ 76536 Scalp/Head/Face/Neck
- ❑ Upper Extremity Venous
  - ❑ 93971 Unilateral (❑ L ❑ R)
  - ❑ 93970 Bilateral
- ❑ Lower Extremity Venous
  - ❑ 93971 Unilateral (❑ L ❑ R)
  - ❑ 93970 Bilateral
- ❑ 93922 Arterial Doppler Limited
- ❑ 93923 Arterial Doppler Complete
- ❑ Arterial Duplex
  - ❑ 93931 Upper Unilateral (❑ L ❑ R)
  - ❑ 93930 Upper Bilateral
  - ❑ 93926 Lower Unilateral (❑ L ❑ R)
  - ❑ 93925 Lower Bilateral
- ❑ 76882 Soft Tissue Extremity
  - ❑ Specify: _____ (❑ L ❑ R ❑ B)
- ❑ Other Soft Tissue Studies:
  - ❑ Specify: _____ (❑ L ❑ R ❑ B)
- ❑ Other MSK Studies:
  - ❑ Specify: _____ (❑ L ❑ R ❑ B)
- ❑ 76857 Pelvic Limited / Groin
  - ❑ Specify: _____
- ❑ Abdomen
  - ❑ 76705 Limited
  - ❑ 76700 Complete
  - ❑ 93975 Liver (❑ w/ Doppler)
    - ❑ 91200 Liver Elastography
- ❑ 76705 Wall
- ❑ 76775 Kidney
- ❑ 76770 Kidney & Bladder
- ❑ 93976 Renal Arteries
- ❑ 76706 Aorta
- ❑ 93978 Illiacs

PET/CT

- ❑ 78815 FDG Skull Base to Mid-Thigh
- ❑ 78816 FDG Whole Body
- ❑ 78608 FDG Brain Metabolic

PET/CT

- ❑ 78814 Amyloid Brain Scan (Neuraceq)
- ❑ 78815 PSMA Scan (Pylarify)
- ❑ 78815 Ga68 (Dotatate) NETSPOT

NUCLEAR MEDICINE

- ❑ Bone Scan
  - ❑ 78306 Whole Body
  - ❑ 78315 Three Phase
  - ❑ 78300 Limited Area
  - ❑ 78803 Bone SPECT
- ❑ Bone Spect/CT
  - ❑ 78830 Bone Spect/CT
  - ❑ 78832 Multiple Area
  - ❑ 78830 & 78306 W/ Wholebody
- ❑ Brain
  - ❑ 78803 DaTscan (I-123 Ioflupane)
- ❑ Gastric Emptying Scan
  - ❑ 78264 Solid Phase Only
- ❑ Hepatobiliary Scan
  - ❑ 78226 Hilda Scan
  - ❑ 78227 Hilda Scan W/ Ejection Fraction
- ❑ 78215 Liver/Spleen (Static Only)
- ❑ Lung Scan
  - ❑ 78580 Perfusion Only
  - ❑ 78597 Quantitative Scan
- ❑ 78290 Meckel's Scan
- ❑ 78472 Muga Scan
- ❑ Parathyroid Scan
  - ❑ 78070 Planar
  - ❑ 78072 Spect/CT
- ❑ Renal Scans
  - ❑ 78707 Flow and Function
  - ❑ 78708 W/ Diuretic (Lasix)
  - ❑ 78709 Captopril
- ❑ 78231 Salivary Scan W/ Serial Imaging
- ❑ Thyroid Scan
  - ❑ 78014 Uptake and Scan
- ❑ Thyroid Therapy
  - ❑ 79005 I 131 Therapy

X-RAY

- ❑ Exam Requested (❑ L ❑ R ❑ B): _____
  _____
  - ❑ Reason for Exam: _____
  _____
  _____

FLUOROSCOPY

- ❑ Exam Requested (❑ L ❑ R ❑ B): _____
  _____
  - ❑ Reason for Exam: _____
  _____
  _____

SJRA South Jersey Radiology Associates