



**Advanced  
Diagnostic  
Radiology**

**PATIENT NAME:** \_\_\_\_\_

**952 Seton Drive, Cumberland, Md. 21502**

**Phone: 301-777-3522 Fax: 301-777-1902**

**Medical Necessity:** Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity. ADR would like to remind providers that we cannot accept diagnosis(es) that include the terms "PROBABLE", "POSSIBLE", "SUSPECTED", "RULE OUT", or "QUESTIONABLE". Please include signs and symptoms and any abnormal test results.

**Reason for exam:** \_\_\_\_\_

VASCULAR PROCEDURES			CPT#	ICD-9	ULTRASOUND PROCEDURES			CPT#	ICD-9
		PVR EXTREMITY	93923			ABDOMINAL US COMP INCLUDES: LIVER,GB,CBD,PANCREAS,SPLEEN,AORTA,IVC AND KIDNEYS	76700		
		PVR WITH EXERCISE	93921			ABDOMINAL US LTD SINGLE ORGAN OR QUADRANT	76705		
		ANKLE BRACIAL INDEX (ABI)	93922			PELVIC US COMPLETE	76856		
		UPPER EXT ARTERY DUPLEX GRAFT BILAT	93930			PELVIC US FOLLOW UP	76857		
R	L	UPPER EXT ARTERY DUPLEX GRAFT UNILAT	93931			TRANSVAGINAL	76830		
		LOWER EXT ARTERY DUPLEX GRAFT BILAT	93925			BLADDER	76857		
		LOWER EXT ARTERY DUPLEX GRAFT UNILAT	93926			RENAL US COMPLETE W BLADDER	76770		
		ILIAC ARTERIES GRAFT DUPLEX BILAT	93978			RENAL US LIMITED	76775		
R	L	ILIAC ARTERIES GRAFT DUPLEX UNILATERAL	93979			CHEST US	76604		
		ILIAC VEINS DUPLEX BILATERAL	93978			THYROID US	76536		
R	L	ILIAC VEINS DUPLEX UNILATERAL	93979			SOFT TISSUE HEAD AND NECK US	76536		
		EXT VEINS UPPER/LOWER DUPLEX BILATERAL	93970			PSEUDOANEURYSM US GUIDED COMPRESSION	76936		
R	L	EXT VEINS UPPER/LOWER DUPLEX UNILAT	93971			INTERVENTIONAL PROCEDURES US GUIDED			
		RENAL TRANSPLANT WITH DUPLEX	76776			ABCESS DRAINAGE	75989		
		VISCERAL ORGAN DOPPLER COMP	93975			CYST ASPIRATION	76942		
		VISCERAL ORGAN DOPPLER LTD	93976			THORACENTESIS	76942		
		AORTA OR IVC DUPLEX COMP	93978			PARACENTESIS	76942		
		AORTA OR IVC DUPLEX LTD	93979			PARACENTESIS WITH ALBUMIN			
		BILATERAL CAROTID ARTERIES DUPLEX	93880			US GUIDED BIOPSY SPECIFY LOCATION BELOW	76942		
		UNILATERAL CAROTID ARTERY DUPLEX	93882						
OBSTETRICAL PROCEDURES					ENDOVASCULAR LASER THERAPY CONUSLTATION AND TREATMENT				
		OB US 1 <sup>ST</sup> TRIMESTER	76801			VENOUS REFLUX BILATERAL	93965		
		OB US 2 <sup>ND</sup> OR 3 <sup>RD</sup> TRIMESTER	76805			VENOUS DOPPLER	93970		
		TRANSVAGINAL OB	76817			EVLV PROCEDURE	36478		
		BIOPHYSICAL PROFILE NON-STRESS TESTING	76819			INITIAL CONSULTATION	99243		
OTHER US PROCEDURES					OTHER				
		BREAST US	76645						
		US TRANSRECTAL	76872			AAA SCREENING FOR MEDICARE	G0389		
		US SCROTUM WITH DOPPLER LTD	76870						
			93976						
		INFANT HIPS	76885						
		SONOHYSTEROGRAM	76831						

Ordering Physician (please print): \_\_\_\_\_

Physician Signature (STAMPS NOT ACCEPTED): \_\_\_\_\_

Date: \_\_\_\_\_