



**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: _____

EXAM		CPT#	ICD-9	EXAM		CPT#	ICD-9	EXAM		CPT#	ICD-9
	AP ABDOMEN/KUB	74000		R	L	ANKLE COMPLETE	73610		MANDIBLE	70110	
	ABDOMEN COMP W SNG VIEW CHEST	74022		R	L	TIBIA/FIBULA 2 VIEWS	73590		NASAL BONES 3 VIEWS	70160	
	BE SINGLE CONTRAST	74270		R	L	FEMUR	73550		SINUSES 3VIEWS	70220	
	BE W AIR CONTRAST	74280		R	L	HIP 1 VIEW	73500		SKULL 1 V	70250	
	THERAPEUTIC BE	74283		R	L	HIP AP/LATERAL	73510		SKULL AP/LAT	70260	
	BA SWALLOW	74220				BIL HIPS PELVIS	73520		SKULL 4 VIEWS	70260	
	UGI SINGLE CONTRAST	74241				PELVIS 1-2VIEWS	72170		C-SPINE 1 VIEW	72020	
	UGI W AIR CONTRAST	74246				PELVIS 3 VIEWS	72190		C-SPINE 2-3 VIEWS	72040	
	UGI W SBS	74249				SI JOINTS 3 VIEWS	72202		C-SPINE 4 VIEWS	72050	
	SBS ONLY	74250				SACRUM/COCCYX	72220		C-SPINE W FLEX/EXT	72052	
	CHEST SINGLE VIEW	71010		R	L	KNEE 1 VIEW	73560		T- SPINE 2 VIEWS	72070	
	CHEST PA & LATERAL	71020				BIL AP KNEE STAND	73565		T-SPINE 3 VIEWS	72072	
	CHEST 2V W AP LORDOTIC	71021				KNEE AP/LATERAL	73560		THORA COLUMBAR	72080	
	CHEST 2V W OBLIQUES	71022		R	L	KNEE COMPLETE	73564		L-S SPINE 2-3 VIEWS	72100	
	CHEST SPECIAL VIEWS	71035		R	L	FOOT COMPLETE	73630		L-S SPINE COMP 4V	72110	
	RIBS BILATERAL 3V	71110		R	L	TOE OR TOES	73660		L-S SPINE W BENDING	72114	
R	L	UNILATERAL RIBS 2V	71100	R	L	OS CALSIS/HEEL	73650		SCOLIOSIS 1 VIEW	72069	
	BIL RIBS W PA CXR	71111		R	L	CLAVICLE	73000		SCOLIOSIS SUP/ERECT	72090	
	STERNUM	71120		R	L	SHOULDER 1VIEW	73020				
	FISTULOGRAM	76080		R	L	SHOULDER 2 VIEWS	73030				
	IVP	74400		R	L	SCAPULA	73010				
	ILEOSTOGRAM	74425		R	L	HUMERUS	73060				
	LOOPOGRAM	74425		R	L	FOREARM			MR ARTHROGRAM	77002	
	NEPHROSTOGRAM	74425 50394		R	L	HAND COMPLETE 3V	73130		SPECIFY JOINT:		
	HYSTEROSALPINGOGRAM	74740 58340		R	L	FINGER OR FINGERS	73140				
	CYSTOGRAM	74430		R	L	WRIST COMPLETE	73110		FACET INJECTION	77003	
	VCUG	74455 51600		R	L	ELBOW AP/LAT	73070		SPECIFY LOCATION:		
	MYELOGRAM CERVICAL	72240 66284		R	L	ELBOW 3 VIEWS	73080		CENTRAL VENOUS ACCESS DEVICE PLEASE SPECIFY PROCEDURE REQUESTED BELOW:		
	MYELOGRAM THORACIC	72255 66284		R	L	SHOULDER ARTHROGRAM	73070				
	MYELOGRAM LUMBAR	72265 66284		R	L	WRIST ARTHROGRAM	73115				
	MYELOGRAM COMPLETE	72270 62284		R	L	OTHER ARTHROGRAM					

Ordering Physician (please print): _____

Physician Signature (STAMPS NOT ACCEPTED): _____

Date: _____