



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:

CARDIOVASCULAR	CPT#	ICD-9	TUMOR/INFLMMATION	CPT#	ICD-9
MUGA SPECT	78494		BREAST IMAGING SESTAMIBI	78800	
NM STRESS TEST	78465		PROSTASCINT TUMOR LOC WHOLE BODY W SPECT	78803	
	+78478				
	+78480				
	93015				
NM PHARMACOLOGICAL STRESS TEST	78465		GALLIUM SCAN TUMOR LOC WHOLE BODY 2 OR MORE DAYS	78804	
	+78478				
	+78480				
	93015				
NERVOUS SYSTEM			LOC INFLAMMATORY PROCESS LTD	78805	
CISTERNOGRAM	78630		LOC INFLAMMATORY PROCESS WHOLE BODY	78806	
CEREBROSPINAL FLUID LEAKAGE	78650		LOC INFLAMMATORY PROCESS WHOLE BODY SPECT	78807	
RESPIRATORY			GASTROINTESTINAL		
LUNG VENTILATION	78587		GASTRIC EMPTYING	78264	
LUNG PERFUSION	78580		GE REFLUX	78262	
LUNG VENTILATION/PERFUSION (V/Q)	78588		GI BLEEDING	78278	
MUSCULOSKELETAL			KINEVAC HIDA SCAN	78223	
BONE SCAN TOTAL BODY	78306		LIVER-SPLEEN SCAN W SPECT	78205	
BONE SCAN LTD AREA	78300		MECKELS SCAN	78290	
BONE SCAN MULTIPLE AREAS	78305		THERAPY		
BONE SCAN 3 PHASE	78315		HYPERTHYROID THERAPY	79005	
GENITOURINARY			PET IMAGING		
RENAL FLOW AND FUNCTION W LASIX	78708		PET SCAN SKULL BASE TO MID-THIGH	78812	
RENAL FLOW AND FUNCTION W/O LASIX	78707		PET SCAN WHOLE BODY	78813	
TESTICULAR SCAN WITH FLOW	78761		PET SCAN LTD AREA	78811	
ENDOCRINE			PET BRAIN METABOLIC EVALUATION	78608	
PARATHYROID SCAN TUMOR LOC LTD	78800		OTHER NM PROCEDURES		
THYROID UPTAKE	78000				
THYROID SCAN	78010				
THYROID UPTAKE AND SCAN	78006				

Ordering Physician (please print): _____

Physician Signature (STAMPS NOT ACCEPTED): _____

Date: _____