

ULTRASOUND ORDER FORM



To Schedule An Appointment Phone 575-445-7841 Fax: 575-445-7845

Patient Name _____ DOB _____ Weight _____ Appt. Date/Time _____
 Patient Address _____ Phone _____
 Insurance _____ Policy # _____ Group # _____
 Ins. Subscriber/DOB _____ Relation to Patient _____
 Pre-Auth Required Y ___ N ___ Pre-Auth# _____ Reference # _____

ICD 10 Codes: _____

Reason for Exam :

ADBOMINAL/PELVIC	CPT
Abdomen Complete	76700
Abdomen Limited	76705
Bladder (Pre/Post Void)	76857
Guidance (Biopsy, etc.)	76942
Pelvic Complete Non-OB	76856
Pelvic Limited or Follow Up Specify	76857
Renal Complete	76770
Scrotum / Testicular	76870
Tranvaginal (Non-OB)	76830
CARDIOLOGY	CPT
Aorta (complete study)	93978
Carotid Doppler	93880
Echo Limited	93308
Echo Complete	93306
EXTREMITY ULTRASOUND	CPT
Upper Extremity L ___ R ___	93930
Lower Extremity L ___ R ___	93925
Upper Extremities (Bilateral)	93970
Lower Extremities (Bilateral)	93970
Soft Tissue Extremity L ___ R ___	
HEAD & NECK	CPT
Thyroid / Parathyroid	76536
Soft Tissue of the Head & Neck	76536
BREAST	CPT
Unilateral, Breast, Limited	76641
Bilateral Limited	
Mammo Attached	Modifier
Yes ___ No ___	50
Palpable Area Location	
Location:	

OBSTETRICS INFO	CPT
EDD _____ LMP _____	
Next OB Appt _____	
LAST US DATE: _____	
OBSTETRICS (LEVEL II)	CPT
Dating/Viability < 14 wks Transvaginal Included	76801 76805
Dating Viability > 14 wks (14 - 18 wks)	76805
Anatomy / Complete OB (18-21 wks) Transvaginal Included	76805 76817
Serial Growth / Complete Anatomy (24+ wks) Umbilical artery & BPP Included w/NST (choose one)	76816 76818
w/o NST (choose one)	76819
Next US in ___ wks Recurring Q ___ wk(s)	
Date Specific: _____	
Growth (24+ wks) Umbilical artery & BPP Included w/NST (choose one)	76816 76818
w/o NST (choose one)	76819
Transvaginal (Standalone)	76817
OBSTETRICS (LEVEL 1)	CPT
Limited OB Ultrasound (Pres., Placenta, Fetal HR) w/AFI _____ w/o AFI _____	76815
Transvaginal (Cervical Length)	76817
Additional Fetus	76810
FETAL SURVEILLANCE	CPT
Biophysical Profile w/NST (24+ wks) Umbilical Artery Included (SD Ratio) Limited (Presentation, Placenta)	76818 76820 76815
Biophysical Profile w/o NST (24+ wks) Umbilical Artery Included (SD Ratio) Limited (Presentation, Placenta)	76819
32 Week Growth	76816
Transvaginal (Standalone)	76817

Physician Signature _____ Date _____ Time _____

7/08/21