

**SAME DAY  
SERVICE**



**Phone: 972-523-6815**

**Fax: 214-254-4969**

2627 Wells Ct Cedar Hill, Tx

PATIENT NAME		COMMUNITY NAME	
ADDRESS		COMMUNITY	PHONE/FAX
CITY, STATE & ZIP		MEDICARE NO.	
PHONE NUMBER		MEDICAID NO.	
PATIENT DOB	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRIVATE INSURANCE CO.	
SOCIAL SECURITY #		POLICY #	
*PHYSICIAN/PROVIDER NAME		PHYSICIAN/PROVIDER NPI	
*PHYSICIAN/PROVIDER PHONE		PHYSICIAN/PROVIDER FAX	

\*Reason for Portable X-Ray: Please check at least one reason

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Unsteady Gait        | <input type="checkbox"/> Non Ambulatory              | <input type="checkbox"/> Transportation would be Injurious to Patient |
| <input type="checkbox"/> HX of Multiple falls | <input type="checkbox"/> Homebound no transportation | <input type="checkbox"/> Memory Care / Hospice Patient                |

**Digital Portable X-Ray (RT Portable X-Ray, Inc.)**

Body Part	CPT Code	Views	ICD 10	Body Part	CPT Code	Views	ICD 10
Abdomen (KUB)	74000	1	R10.10, R10.30, R10.84, K59.09	Mandible	70100 / 70110	3 4	S02.6, R68.84
Ankle AP/Lat <input type="checkbox"/> R <input type="checkbox"/> L	73600 / 73610	2 3	M.84.373, M25.571, M25.572	Nasal Bones	70160	3	J34.89, S02.2, R09.81
Chest	71045 / 71046	1 2	I50.2 R07.9, J13, R05, I10	Knee <input type="checkbox"/> R <input type="checkbox"/> L	73560 / 73562	2 3	M25.561, M25.562
Chest X-Ray with EKG	71045 / 93005	1	I50.2, R07.9, I10, R55, R06.02	Pelvis	72170	1	R10.2
Clavicle	73000	2	S42.0, M25.512, M25.511	Ribs Unilateral / Bilateral	71100 / 71110	2 4	R07.9, R07.81, S22.39XA
Elbow <input type="checkbox"/> R <input type="checkbox"/> L	73070 / 73080	2 3	S42.40, M25.521, M25.522	Bilateral Ribs with AP Chest	71111	5	R07.9, R07.81, S22.39XA
Femur <input type="checkbox"/> R <input type="checkbox"/> L	73552	2	M79.651, M25.522, M79.652	Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	73030	2	M25.511, M25.512, M25.519
Foot <input type="checkbox"/> R <input type="checkbox"/> L	73620 / 73630	2 3	M79.671, M79.672	Spine: Cervical / Thoracic / Lumbar	72000/72070/72100	2	M54.2, M54.5, M54.6
Forearm <input type="checkbox"/> R <input type="checkbox"/> L	73090	2	M79.632, M79.631	Sacrum / Coccyx	72220	2	M53.3
Tibia / Fibula <input type="checkbox"/> R <input type="checkbox"/> L	73590	2	M79.661, M79.662	Scapula	73010	2	S42.1, M25.519
Facial Bones	70140 / 70150	2 3	S02.92XB	Sinus Series	70220	3	R09.81
Hand <input type="checkbox"/> R <input type="checkbox"/> L	73120 / 73130	2 3	M79.641, M79.642, M79.643	Skull	70250	3	S02.0XXA
Hip <input type="checkbox"/> R <input type="checkbox"/> L	73502 / 73522	1 2 5	M84.459A, M25.551, M25.552	Toes <input type="checkbox"/> R <input type="checkbox"/> L	73660	2	M79.675, M79.674
Bilateral Hips with Pelvis	73523	5	M25.551, M25.552	Wrist <input type="checkbox"/> R <input type="checkbox"/> L	73100 / 73110	2 3	M25.531, M25.532, M25.539
Humerus <input type="checkbox"/> R <input type="checkbox"/> L	73060	2	M79.622, M79.621	Other			

**Echo/Doppler/Ultrasound**

Examination	CPT Code	ICD 10	Examination	CPT Code	ICD 10
2D Echocardiography	93306	R01.2, I49.9, I10, R06.02 R07.9, I25.10, R94.31, I50.9, R55	Renal U/s / Renal Artery Doppler	76770 / 93976	N18.3, R94.4, N18.1-N18.9, R31.9, N28.1, I70.1, I10, N28.0
Carotid Doppler	93880	R26.9, R09.89, R55, I65.29	Testicular Ultrasound /w Doppler+	76870 / 93976	N44.2, N50.9, R10.2, N50.812
Arterial Duplex Doppler BLE	93925	E11.51, E08.51, M79.609, L97.909, I73.9	Abdomen /w Doppler	93975	R93.5
Arterial Doppler/ ABI/Segmental Limb Pressures	93925 / 93922 / 93923		Abdominal Ultrasound	76700	R94.5, R10.10, R10.84, K73.2
Arterial Doppler - Arms	93930		Thyroid Ultrasound	76536	E01.2, E04.1, E03.9, E05.90
Venous Doppler - Arms	93970		Pelvises / T/v Pelvises	76856 / 76830	N94.89, D25.9, N92.4, C56.9
Venous Doppler - Legs	93970	R60.1, R60.9, M79.609, I80.9, I82.409, M79.89	Soft Tissue Ultrasound	76881	R22.9
Aorta / IVC Doppler	93978	I71.4, I70.49, I73.9, I71.9	Other		

\*Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Testing / ICD 10 Codes / Special Instructions

\* Mandatory

Please Fax Orders to 214-254-4969