

1475 N.W. 12TH Avenue, Miami, Florida 33136

PRIOR TO SCHEDULING APPOINTMENT – FAX ORDER FORM TO: 305-243-8422 or 305-243-4613

SCHEDULING REQUIREMENTS: ICD-9 CODE, CLINICAL HISTORY, SPECIFIC TEST ORDERED, ORIGINAL MD SIGNATURE AND UPIN #

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.

****The patient is responsible to bring outside films/CD for comparison at the time of the imaging study. UM Department of Radiology will obtain in-house prior studies.**

Check if prior study done UMHC Applebaum BPEI OTHER _____

KNOWN ALLERGIES: _____

CLINICAL HISTORY (REQUIRED) _____

Attending Physician: _____ UPIN # (REQUIRED): _____

Attending Physician Phone: _____ Fax: _____ Beeper: _____

Attending Physicians Address: _____

Attending Physician Signature (Stamps not accepted): _____ Date: _____

√	VASCULAR PROCEDURES	CPT#	ICD-9 Code#	√	ULTRASOUND PROCEDURES	CPT#	ICD-9 Code#
<input type="checkbox"/>	PVR - Extremity	93923		<input type="checkbox"/>	Extremity Non-Vascular	76880	
<input type="checkbox"/>	PVR with Exercise	93924		<input type="checkbox"/>	Liver U/S	76705	
<input type="checkbox"/>	Ankle Brachial Index	93922		<input type="checkbox"/>	Gallbladder U/S	76705	
<input type="checkbox"/>	Photoplethysmography	93923		<input type="checkbox"/>	Spleen U/S	76705	
<input type="checkbox"/>	Upper Ext. Artery Duplex Bilateral	93930		<input type="checkbox"/>	Pancreas U/S	76770	
R	L Upper Ext. Artery Duplex Ltd	93931		<input type="checkbox"/>	Adrenal U/S	76770	
<input type="checkbox"/>	Lower Ext. Artery Duplex Bilateral	93925		<input type="checkbox"/>	Bladder U/S	76857	
R	L Lower Ext. Artery Duplex Ltd	93926		<input type="checkbox"/>	Renal U/S Complete w/Bladder	76770	
<input type="checkbox"/>	Upper Ext. Artery Duplex Graft Bilateral	93930		<input type="checkbox"/>	Renal U/S Limited	76775	
R	L Upper Ext. Artery Duplex Graft Ltd	93931		<input type="checkbox"/>	Retroperitoneum U/S Complete	76770	
<input type="checkbox"/>	Lower Ext. Artery Duplex Graft Bilateral	93925		<input type="checkbox"/>	Retroperitoneum U/S Ltd	76775	
R	L Lower Ext. Artery Duplex Graft Ltd	93926		<input type="checkbox"/>	Chest U/S	76604	
<input type="checkbox"/>	Iliac Arteries/Graft Duplex Bilateral	93978		<input type="checkbox"/>	Thyroid U/S	76536	
R	L Iliac Arteries/Graft Duplex Ltd	93979		<input type="checkbox"/>	Soft Tissue Head and Neck U/S	76536	
<input type="checkbox"/>	Iliac Veins Duplex Bilateral	93978		<input type="checkbox"/>	Pseudoaneurysm -U/S Guided compression	76936	
R	L Iliac Veins Duplex Ltd	93979		<input type="checkbox"/>	Ltd. Doppler of the Scrotum contents, Scrotum U/S and contents (no Doppler)	93976, 76870	
<input type="checkbox"/>	Extremity Veins Upper/Lower Duplex Bilateral	93970					
R	L Extremity Veins Upper/Lower Duplex Ltd	93971		√	INTERVENTIONAL PROCEDURES- U/S Guided	CPT#	ICD-9 Code#
<input type="checkbox"/>	Renal Transplant with Duplex	76776		<input type="checkbox"/>	Abscess Drainage	75989	
<input type="checkbox"/>	Visceral Organ Doppler Comp	93975		<input type="checkbox"/>	Biopsy/Aspiration (cyst)	76942	
<input type="checkbox"/>	Visceral Organ Doppler Ltd	93976		<input type="checkbox"/>	Extremity Biopsy/Aspiration	76942	
<input type="checkbox"/>	Aorta Duplex Comp	93978		<input type="checkbox"/>	Pelvis Biopsy/Aspiration	76942	
<input type="checkbox"/>	Aorta Duplex Ltd	93979		<input type="checkbox"/>	Thoracentesis	76942	
<input type="checkbox"/>	Inferior Vena Cava Duplex Comp	93978		<input type="checkbox"/>	Paracentesis	76942	
<input type="checkbox"/>	Inferior Vena Cava Duplex Ltd	93979		<input type="checkbox"/>	Intraoperative Ultrasound	76998	
<input type="checkbox"/>	Carotid Arteries Duplex Bilateral	93880		<input type="checkbox"/>	Endoscopic U/S GI Tract	76975	
R	L Carotid Arteries Duplex Ltd	93882		<input type="checkbox"/>	Thyroid Biopsy	76942	
√	ULTRASOUND PROCEDURES	CPT#	ICD-9 Code#	<input type="checkbox"/>	Localization	76942	
<input type="checkbox"/>	Abdominal U/S Complete (Liver, Gallbladder, CBD, Pancreas, Spleen, Aorta, IVC)	76700		<input type="checkbox"/>	Injection Abscess Cath/Rem	20501	
<input type="checkbox"/>	Abdominal U/S Limited (Liver, GB, Pancreas, RT Kidney)	76705		<input type="checkbox"/>	Injection U/S Guided	76942	
<input type="checkbox"/>	Pelvic U/S Complete	76856		√	OTHER PROCEDURE(S):	CPT#	ICD-9 Code#
<input type="checkbox"/>	Transvaginal U/S	76830		<input type="checkbox"/>			
<input type="checkbox"/>	Sonohysterogram	76831		<input type="checkbox"/>			

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SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HOSPITAL & CLINICS
 Miami, FL 33136 www.med.miami.edu (305)243-1000

VASCULAR/ ULTRASOUND DIAGNOSTIC CENTER
PHYSICIAN ORDER FORM



Form A1400021
 Revised 02/26/07

NAME: _____

_____ UMMG # MRN

AGE: _____ DOB: _____ / _____ / _____

DATE OF SERVICE: _____

ICD-9	Description	ICD-9	Description	ICD-9	Description
789.09	ABD PAIN NEC/MULTI SITE	599.7	HEMATURIA	729.89	MUSCSKEL SYMPT LIMB NEC
789.03	ABD PAIN R-LOWER QUAD	070.51	HEP C NO COMA-ACUTE/NOS	596.54	NEUROGENIC BLADDER NOS
789.01	ABD PAIN R-UPPER QUAD	070.54	HEP C NO COMA-CHRONIC	241.1	NONTOX MULTINODUL GOITER
789.39	ABD/PELV SWELL NEC/MULTI	789.1	HEPATOMEGALY	241.0	NONTOX UNINODULAR GOITER
441.4	ABDOM AORTIC ANEURYSM	603.9	HYDROCELE NOS	604.90	ORCHITIS/EPIDIDYMIT NOS
789.00	ABDOM PAIN NOS SITE	591.	HYDRONEPHROSIS	998.59	OTH POSTOP INFECTION
793.5	ABN FINDINGS-GU ORGANS	401.9	HYPERTENSION NOS	620.2	OVARIAN CYST NEC/NOS
626.0	ABSENCE OF MENSTRUATION	621.2	HYPERTROPHY OF UTERUS	729.5	PAIN IN LIMB
440.0	AORTIC ATHEROSCLEROSIS	442.2	ILIAC ARTERY ANEURYSM	443.9	PERIPH VASCULAR DIS NOS
789.5	ASCITES	626.4	IRREGULAR MENSTRUATION	511.9	PLEURAL EFFUSION NOS
440.20	ATHEROSCLER-EXTREMTY NOS	719.96	JOINT DIS NOS-L/LEG	621.0	POLYP OF CORPUS UTERI
440.21	ATHEROSCLER-LIMB&CLAUDIC	719.46	JOINT PAIN-L/LEG	572.3	PORTAL HYPERTENSION
V55.8	ATTN TO ARTIF OPEN NEC	719.45	JOINT PAIN-PELVIS	627.1	POSTMENOPAUSAL BLEEDING
353.0	BRACHIAL PLEXUS LESIONS	V42.0	KIDNEY TRANSPLANT STATUS	V72.83	PREOP EXAMINATION NEC
592.0	CALCULUS OF KIDNEY	573.8	LIVER DISORDERS NEC	V72.84	PREOP EXAMINATION NOS
574.20	CALCULUS-GB-NO CYSTITIS.	V42.7	LIVER TRANSPLANT STATUS	607.3	PRIAPISM
785.9	CARDIOVAS SYS SYMP NEC	686.9	LOCAL SKIN INFECTION NOS	593.89	RENAL & URETERAL DIS NEC
433.10	CAROTD ART OCC NO INFARC	442.3	LOWER EXTREMITY ANEURYSM	593.9	RENAL & URETERAL DIS NOS
682.2	CELLULITIS OF TRUNK	444.22	LOWER EXTREMITY EMBOLISM	442.1	RENAL ARTERY ANEURYSM
616.0	CERVICITIS	202.80	LYMPHOMA NEC-EXTRNOD/NOS	440.1	RENAL ARTERY ATHEROSCLER
571.8	CHRONIC LIVER DIS NEC	156.1	MAL NEO EXTRAHEPAT DUCTS	786.09	RESPIRATORY ABNORM NEC
585.	CHRONIC RENAL FAILURE	162.9	MAL NEO BRONCH/LUNG NOS	456.4	SCROTAL VARICES
571.5	CIRRHOSIS OF LIVER NOS	155.1	MAL NEO INTRAHEPAT DUCTS	998.13	SEROMA COMPLIC PROCEDURE
996.81	COMPL KIDNEY TRANSPLANT	157.1	MAL NEO PANCREAS BODY	789.2	SPLENOMEGALY
593.2	CYST OF KIDNEY, ACQUIRED	608.89	MALE GENITAL DIS NEC..	447.1	STRICTURE OF ARTERY
621.8	DISORDERS OF UTERUS NEC.	608.9	MALE GENITAL DIS NOS	218.0	SUBMUCOUS LEIOMYOMA
782.3	EDEMA	183.0	MALIGN NEOPL OVARY	567.2	SUPPURAT PERITONITIS NEC
790.4	ELEV TRANSAMINASE/LDH	193	MALIGN NEOPL THYROID	784.2	SWELLING IN HEAD & NECK
785.6	ENLARGEMENT LYMPH NODES	153.8	MALIGNANT NEO COLON NEC	729.81	SWELLING OF LIMB
V70.7	EXAM-CLINICAL TRIAL	155.2	MALIGNANT NEO LIVER NOS	451.9	THROMBOPHLEBITIS NOS
V72.85	EXAMINATION NEC	621.6	MALPOSITION OF UTERUS	435.8	TRANS CEREB ISCHEMIA NEC
626.2	EXCESSIVE MENSTRUATION	626.8	MENSTRUAL DISORDER NEC	752.51	UNDESCENDED TESTIS
625.9	FEM GENITAL SYMPTOMS NOS	626.9	MENSTRUAL DISORDER NOS	444.21	UPPER EXTREMITY EMBOLISM
629.8	FEMALE GENITAL DIS NEC	626.6	METRORRHAGIA	599.0	URIN TRACT INFECTION NOS
628.9	FEMALE INFERTILITY NOS	632	MISSED ABORTION	617.0	UTERINE ENDOMETRIOSIS
V58.82	FIT/ADJ NONVASC CATH NEC	433.30	MUL PRECER OCC NO INFARC	218.9	UTERINE LEIOMYOMA NOS
620.0	FOLLICULAR CYST OF OVARY			459.81	VENOUS INSUFFICIENCY NOS
575.6	GB CHOLESTEROLISIS		OTHER, (PLEASE SPECIFY ICD-9 CODE)	453.8	VENOUS THROMBOSIS NEC
240.9	GOITER NOS			435.1	VERTEBRAL ARTERY SYNDROM

The list is not all-inclusive, but is a guide only. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature of the severity or complaint or condition, and that this information can be substantiated by the patient's medical record.