



Signet Diagnostic IMAGING SERVICES

6 NORTH FLORIDA LOCATIONS

ARLINGTON

6500 Fort Caroline Road Suite B Jacksonville, FL 32277 Tel: 904-745-5900 Fax: 904-745-8189

NORTHSIDE

1215-4 Dunn Avenue Jacksonville, FL 32218 Tel: 904-696-8400 Fax: 904-696-8447

ORANGE PARK

2020 Professional Center Drive Orange Park, FL 32073 Tel: 904-272-2800 Fax: 904-272-4760

ORANGE PARK - PET/MR CENTER

2021 Kingsley Ave., Ste. 108 Orange Park, FL 32073 Tel: 904-281-0133 Fax: 904-281-0130

RIVERSIDE

4171 Roosevelt Boulevard Jacksonville, FL 32210 Tel: 904-389-7474 Fax: 904-389-5043

SALISBURY

4063 Salisbury Road Suite 100 Jacksonville, FL 32216 Tel: 904-281-0133 Fax: 904-281-0130

www.signetdiagnostic.com

- Please send images on CD
Check here if you require additional referral forms

GENERAL RADIOLOGY

Table listing various radiology procedures such as Skull, Orbits, Facial Bones, Cervical Spine, Thoracic Spine, Lumbar Spine, Pelvis, Abdomen, and Extremities with checkboxes for CPT and ICD-9 codes.

Patient's Name:
Reason for Exam/ICD-9:
Special Instructions:
Physician's Name:
D.O.B. / Age:
Date:
Insurance/Authorization:
Physician's Signature:

CT / CTA table listing procedures like CT Head/Face/Neck, Chest, Abdomen/Pelvis, and Spine with checkboxes for CPT and ICD-9 codes.

FLUOROSCOPY table listing procedures like Esophagram, Upper GI, Barium Enema, and Arthrograms with checkboxes for CPT and ICD-9 codes.

MRI / MRA table listing procedures like Brain, Cervical Spine, Thoracic Spine, Lumbar Spine, and various extremity scans with checkboxes for CPT and ICD-9 codes.

Patient's Name: _____ **D.O.B. / Age:** _____ **Date:** _____

Reason for Exam/ICD-9: _____ **Insurance/Authorization:** _____

Special Instructions: _____

I hereby certify that the exam(s) ordered on Pages 1 and/or 2 is/are medically necessary to manage the care of the patient.

Physician's Name: _____ **Physician's Signature:** _____

MAMMOGRAPHY

Our standard protocol uses CAD as an additional diagnostic tool

Screening Bilateral G0202/77052 CPT ICD-9

Diagnostic Bilateral G0204/77051 CPT ICD-9

Diagnostic Unilateral Lt. Rt. G0206/77051 CPT ICD-9

DO NOT USE CAD

DEXA

Bone Densitometry 77080

Vertebral Fracture Assessment 77082

CT GUIDANCE 77012 BIOPSY US GUIDANCE 76942

Ultrasound Guided Vacuum Lt. Rt.

Ultrasound Guided FNA Breast Biopsy Lt. Rt.

Ultrasound Guided FNA Thyroid Biopsy Lt. Rt.

Stereotactic Biopsy Lt. Rt.

MRI Guided Breast Biopsy Lt. Rt.

Thyroid Biopsy (does not include imaging guidance) 60100

Liver Biopsy (does not include imaging guidance) 47000

Renal Biopsy (does not include imaging guidance) 50200

Neck Biopsy 21550

SOFT TISSUE BIOPSY

Forearm/Wrist Biopsy 25065

Elbow/Upper Arm Biopsy 24065

Lower Leg/Ankle Biopsy 27613

Back/Flank Biopsy 21920

Shoulder Biopsy 23065

Hip/Pelvis Biopsy 27050

Femur Knee Biopsy 27323

Bone/Joint Shoulder 23100

Bone/Joint Hip/Pelvis 27050

Bone/Joint Ankle/Leg 27620

Drainage (includes imaging guidance) 75982

Interventional Guidance _____

Aspiration _____

Other _____

ABDOMINAL VASCULAR ULTRASOUND

Abdominal Aorta - Complete Study 93978

Abdominal Aorta - Unilateral or Limited 93979

IVC - Complete Study 93978

IVC - Unilateral or Limited Study 93979

Iliac Arteries - Unilateral or Limited Study Lt. Rt. 93979

Iliac Veins - Unilateral or Limited Study Lt. Rt. 93979

Mesenteric Arteries - Complete Study (eg.Celiac,SMA) 93975

Mesenteric Arteries - Limited Study (eg.Celiac,SMA) 93976

Renal Arteries - Complete Lt. Rt. 93975

Renal Arteries - Limited Lt. Rt. 93976

Hepato-Portal Venous System - Complete Study 93975

Hepato-Portal Venous System - Limited Study 93976

Scrotal/Testicular Vasculature - Complete Study Lt. Rt. 93975

Scrotal/Testicular Vasculature - Limited Study Lt. Rt. 93976

Ovarian/Uterine Vasculature - Complete Study Lt. Rt. 93975

Ovarian/Uterine Vasculature - Limited Study Lt. Rt. 93976

Hemodialysis Access - Duplex Scan Lt. Rt. 93990

Other

Please send images on CD Check here if you require additional referral forms

ECHOCARDIOGRAPHY

Echocardiography w/Color Doppler & Velocity Mapping 93306

Echocardiography w/o Color Doppler 93307

Echocardiography Follow-Up, Limited 93308

Other

ULTRASOUND

GENERAL

Abdomen-Complete 76700

Abdomen Upper-Limited (eg. Single Organ) 76705

Indicate: _____

Bladder 76857

Retroperitoneum-Complete 76770

Retroperitoneum-Limited 76775

Male Pelvis (Prostate) Complete 76856

Male Pelvis (Prostate) Limited 76857

Prostate: Transrectal 76872

Pelvis: Transabdominal - Complete 76856

Pelvis: Transabdominal - Limited or Follow-up 76857

Scrotum/Testicles 76870

Thyroid 76536

Neck, Soft Tissue 76536

Breast - Unilateral Lt. Rt. 76645

Breast - Bilateral 76645

Chest Sono 76604

Extremity or other MSK (Complete) 76881

Extremity or other MSK (Limited) 76882

Other

OB/GYN

Pelvis: Transabdominal 76856

Pelvis: Transvaginal 76830

Pelvis: Limited (eg. Single Organ) 76857

Indicate: _____

Pelvis: SonoHysteroigraphy w/Saline Injection 76831 58340

OB Sono - 1st Trimester 76801

OB Sono - After 1st Trimester(Level 2) 76805

OB Sono - Targeted-Limited (eg. AFI) 76815

OB Sono - Transvaginal 76817

OB Sono - Follow-up 76816

Biophysical Profile 76819

Other

PET / CT

Oncology - Whole Body Imaging 78816

Oncology - Limited Area Imaging 78814

Oncology - Skull Base to Mid Thigh 78815

PET Bone Scan 78816

Cardiac Ammonia Stress Perfusion 78492

Neurology - Brain Imaging 78608

Other

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 for each test is required to prove medical necessity. 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 or severity of complaint or condition, and that this information can be substantiated by the patient's medical record.

EXTREMITY VASCULAR

EXTREMITIES CPT ICD-9

Arterial - Complete Spectral Doppler 93923

Waveform Analysis B/L

Lower Extremities - Duplex Complete B/L 93925

Lower Extremities - Duplex Limited or Unilateral Lt. Rt. 93926

Upper Extremities - Duplex Complete B/L 93930

Upper Extremities - Duplex Limited or Unilateral Lt. Rt. 93931

ABI (Ankle Brachial Indices) - Bilateral 93922

Venous - Complete Spectral Doppler 93965

Waveform Analysis B/L

Lower Extremities - Duplex Complete B/L 93970

Lower Extremities - Duplex Limited or Unilateral Lt. Rt. 93971

Upper Extremities - Duplex Complete Bilateral 93970

Upper Extremities - Duplex Limited or Unilateral Lt. Rt. 93971

EXTRACRANIAL / VASCULAR

Carotid Arteries - Complete Spectral Doppler & Waveform Analysis B/L 93875

Duplex Complete B/L 93880

Duplex Limited or Unilateral Lt. Rt. 93882

Vertebral Arteries Extracranial Duplex Complete B/L 93880

Duplex Limited or Unilateral Lt. Rt. 93882

Jugular Veins Duplex Complete B/L 93880

Duplex Limited or Unilateral Lt. Rt. 93882

Other

NUCLEAR MEDICINE

CARDIOLOGY

Nuclear Medicine Myocardial Perfusion Imaging Stress and Resting Studies with Ejection Fraction and Wall Motion Studies Multiple Studies 78452 93015

Treadmill Exercise Pharmacological

Nuclear Medicine Myocardial Perfusion Imaging Stress or Resting Study with Ejection Fraction and Wall Motion Studies Single Study 78451 93015

Treadmill Exercise Pharmacological

Treadmill Stress Test (No Imaging) 93015

12 Lead EKG 93000

MUGA/Ejection Fraction 78472

NUCLEAR MEDICINE

Bone Scan - Whole Body 78306

Limited Area 78300

Multiple Area 78305

3 Phase 78315

Thyroid Uptake Only (no scan) 78000

Thyroid Scan and Uptake 78006

Renal Scan & Vascular Flow (and function) 78707

Renal Scan with Vascular Flow only (no function) 78701

Renal Scan without Vascular Flow (no function) 78700

Renal Scan & Vascular Flow w/Diuretic 78708

Renal Scan & Vascular Flow w/Angiotension Enzyme 78709

Liver Spleen 78215

Gallium Scan - Limited Area 78805

Parathyroid 78070

Hemangioma - Liver imaging with Vascular Flow 78206

without Vascular Flow 78205

Hepatobiliary Imaging with CCK 78223

WBC - Ceretec

Other

PREPARATIONS

Barium Enema with Contrast:

Clear liquid diet 24 hours prior to exam; Liquids include clear juices (such as apple, cranberry and white grape), clear soups, jello, coffee or tea; No milk products or carbonated beverages. At 8:00 PM - night before - drink one 10 oz. bottle of citrate of magnesia; At 10:00 PM - night before - take two Dulcolax Pills with water; Beginning at 8:00 PM until Midnight drink four 8 oz. glasses of water; On the morning of the exam: please take fleet enema (which is available at any pharmacy or drug store); You may have any liquid listed above.

UGI and Esophagram:

Nothing to eat or drink after 12:00 Midnight.

Hysterosalpingogram:

Call site for preparations.

MRI (Magnetic Resonance Imaging):

Please call our office before your appointment if any of the following apply: Surgical vascular clips, Breast tissue expander; Pacemaker, Neurostimulators, IVC filter, Silver backed dermal patches, Cochlear implants, Penile implants; Do not wear eye make-up; Music is available during the exam. NPO 4 hours prior to exam if with contrast

CT Scan with IV Contrast:

Nothing to eat or drink 6 hours before exam; Please supply Bun/Creat levels and inform us if you are diabetic and take Metformin/Glucophage/Glucovance.

CT and IVP information:

BUN _____ / CREAT _____ Date of Blood Work _____

Asthmatic or Allergic patients, please medicate; Diabetic patient needing contrast, please alert our office at the time of your appointment.

IVP:

At 6:00 PM - night before - drink one 10 oz. bottle of citrate of magnesia; You may have a moderate supper; Beginning at 8:00 PM until bedtime - drink four Boz. glasses of water; Nothing to eat or drink after midnight until your exam is completed.

Biopsy:

For all types of Breast Biopsy: Stereotactic, Ultrasound or MRI -

Please call designated site for preparations. (Flushing/Bay Ridge)

Sonography:

Pelvis - Drink 20-24 oz. of water in our office; Do not release your bladder before the test.

SonoHysteroigraphy - Keep the bladder empty; Consult your physician about pain medication if needed.

Abdomen - (Follow strictly) No food or drinks 8 hours prior to test; Medication can be taken with water only.

Retroperitoneum - (Follow strictly) No food, dairy products or carbonated drinks 8 hours prior to the test; Drink 12-14 oz. of water in the office. Do not release your bladder.

OB 1 Trimester (up to 4 months of pregnancy) - Drink 20-24 ounces of water in the office; Do not release your bladder before the test.

OB 2 Trimester (between 4 & 7 months of pregnancy) - Drink 16-18 ounces of water in the office; Do not release your bladder before the test.

OB 3 Trimester (last 2 months of pregnancy) - Drink 12-14 ounces of water in the office; Do not release your bladder before the test.

Mammography:

No powder, perfume or deodorant; Keep breast and underarm area clean of any contaminants. Please bring any previous mammograms

DEXA:

No calcium supplements 24 hours prior to exam.

Vascular:

Aortic, IVC, Iliac Arteries/Veins, Renal Arteries, Mesenteric Arteries, Hepato-Portal Venous System - (Follow strictly) No food or drinks 8 hours prior to test; Medications can be taken with water only.

Ovarian Vasculature - No dairy products, no carbonated drinks 8 hours prior to test.

PET/CT, Nuclear Cardiology, Nuclear Medicine:

Call 24 hours in advance for preparations if you have not received them from our office or your physician.



† Please refer to the Medicare NCD/LCD for this service to ensure compliance with Medicare policy criteria for ordering, performing, documenting, coding and billing requirements for this service.