



Signet Diagnostic
IMAGING SERVICES

2 WEST FLORIDA LOCATIONS

BRANDON

414 West Robertson Street
Brandon, FL 33511
Tel: 813-657-6767
Fax: 813-676-0067

TAMPA

4325 Henderson Boulevard
Tampa, FL 33629
Tel: 813-639-1674
Fax: 813-639-1613

www.signetdiagnostic.com

Please send images on CD

Check here if you require additional referral forms

GENERAL RADIOLOGY

	CPT	ICD-9
■ Skull 2-3 views	□ 70250	
■ Skull 4 views	□ 70260	
■ Orbits 4 views - Complete Lt. Rt.	□ 70200	
■ Optic Foramina	□ 70190	
■ Facial Bones 3 views	□ 70150	
■ Facial Bones <3 views	□ 70140	
■ Nasal Bones 3 views	□ 70160	
■ Nasal Bones <3 views	□ 70140	
■ Paranasal Sinuses 3 views	□ 70220	
■ Paranasal Sinuses <3 views	□ 70210	
■ TMJ - Unilateral	□ 70328	
■ TMJ - Bilateral	□ 70330	
■ IAC - Unilateral	□ 70328	
■ IAC - Bilateral	□ 70330	
■ Nasopharynx/Soft Tissue Neck	□ 70360	
■ Cervical Spine with obliques	□ 72050	
■ Cervical Spine 2-3 views	□ 72040	
■ Cervical Spine Single view	□ 72020	
■ Cervical Spine include flexion/extension	□ 72052	
■ Thoracic Spine 2 views	□ 72070	
■ Lumbar Spine with obliques	□ 72110	
■ Lumbar Spine 2-3 views	□ 72100	
■ Lumbar Spine include flexion/extension	□ 72114	
■ Pelvis	□ 72170	
■ Sacrum/Coccyx	□ 72220	
■ SI Joints 3 or more views	□ 72202	
■ SI Joints <3 views	□ 72200	
■ Shoulder 2 or more views Lt. Rt.	□ 73030	
■ Shoulder 1 view Lt. Rt.	□ 73020	
■ Scapula Lt. Rt.	□ 73010	
■ Clavicle Lt. Rt.	□ 73000	
■ Chest PA/LAT	† □ 71020	
■ Chest PA only	† □ 71010	
■ Chest including Decubitus Lt. Rt.	† □ 71035	
■ Chest including Apical Lordotic	† □ 71021	
■ Chest including Oblique	† □ 71022	
■ Ribs Bilateral w/PA chest 4 or more views	□ 71111	
■ Ribs Bilateral - chest 3 views	□ 71110	
■ Ribs Unilateral w/PA chest 3 or more views	□ 71101	
■ Ribs Unilateral - chest 2 views	□ 71100	
■ Sternum 2 views	□ 71120	
■ Sternoclavicular Joint 3 views Lt. Rt.	□ 71130	
■ Arm/Humerus 2 or more views Lt. Rt.	□ 73060	
■ Arm/Humerus Single view Lt. Rt.	□ 73050	
■ Elbow 3 views Lt. Rt.	□ 73080	
■ Elbow 2 views Lt. Rt.	□ 73070	
■ Forearm 3 views Lt. Rt.	□ 73090	
■ Wrist 3 or more views Lt. Rt.	□ 73110	
■ Wrist 2 views Lt. Rt.	□ 73100	
■ Hand 3 or more views Lt. Rt.	□ 73130	
■ Hand 2 views Lt. Rt.	□ 73120	
■ Finger (digit #) Lt. Rt.	□ 73140	
■ Abdomen 1 view	□ 74000	
■ Abdomen - Flat/Upright (Complete)	□ 74020	
■ Anteroposterior and additional oblique & cone views	□ 74010	
■ Hip Bilateral w/pelvis	□ 73520	
■ Hip Unilateral 2 or more views Lt. Rt.	□ 73510	
■ Hip Unilateral 1 view Lt. Rt.	□ 73500	
■ Femur 2 views Lt. Rt.	□ 73550	
■ Knee 3 views Lt. Rt.	□ 73562	
■ Knee 1 or 2 views Lt. Rt.	□ 73560	
■ Tibia/Fibula Lt. Rt.	□ 73590	
■ Ankle 3 or more views Lt. Rt.	□ 73610	
■ Ankle 2 views Lt. Rt.	□ 73600	
■ Heel/Calcaneus Lt. Rt.	□ 73650	
■ Foot 3 or more views Lt. Rt.	□ 73630	
■ Foot 2 views Lt. Rt.	□ 73620	
■ Toe (digit #) Lt. Rt.	□ 73660	
■ Scoliosis Series	□ 72090	
■ Bone Age Study	□ 77072	
■ Skeletal Survey (Complete)	□ 77075	
■ Skeletal Survey (Limited)	□ 77074	
■ Other	† □	

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:** _____

CT / CTA

	CPT	ICD-9	
■ Check for 3D <input type="checkbox"/> 76376			
CT HEAD / FACE / NECK			
■ Head	† □ 70470	† □ 70460	† □ 70450
■ CTA Head	□ 70496		
■ Pituitary	† □ 70470	† □ 70460	† □ 70450
■ Temporal Bones/IAC	† □ 70482	† □ 70481	† □ 70480
■ Orbits	† □ 70482	† □ 70481	† □ 70480
■ Sinuses	† □ 70488	† □ 70487	† □ 70486
■ Mandible	† □ 70488	† □ 70487	† □ 70486
■ Maxilla	† □ 70488	† □ 70487	† □ 70486
■ Neck Soft Tissue	† □ 70492	† □ 70491	† □ 70490
■ CTA Neck	□ 70498		
■ Other	† □	□	□
CHEST			
■ Routine Chest	† □ 71270	† □ 71260	† □ 71250
■ High Resolution	† □ 71270	† □ 71260	† □ 71250
■ Pulmonary Embolus	□ 71275		
■ Pulmonary Nodules	† □ 71270	† □ 71260	† □ 71250
■ Aneurysm	† □ 71270	† □ 71260	† □ 71250
■ CTA Chest	□ 71275		
■ Other	† □	□	□
ABDOMEN / PELVIS			
■ Abdomen & Pelvis	† □ 74178	† □ 74177	† □ 74176
■ Upper Abdomen	† □ 74170	† □ 74160	† □ 74150
■ Kidney Stone Protocol	† □ 74170	† □ 74160	† □ 74150
■ Triple Phase Protocol	† □ 74170	† □ 74160	† □ 74150
■ Hemangioma Protocol	† □ 74170	† □ 74160	† □ 74150
■ Pancreatic Protocol	† □ 74170	† □ 74160	† □ 74150
■ Renal Protocol	† □ 74170	† □ 74160	† □ 74150
■ Pelvis only	† □ 72194	† □ 72193	† □ 72192
■ CTA Abdomen	□ 74175		
■ CTA Abdomen/Pelvis	□ 74175 / 72191		
■ CTA Pelvis	□ 72191		
■ CTA Aortic Runoff	□ 74175 / 72191 / 73706		
■ Other	† □	□	□
SPINE			
■ Cervical	† □ 72127	† □ 72126	† □ 72125
■ Thoracic	† □ 72130	† □ 72129	† □ 72128
■ Lumbar	† □ 72133	† □ 72132	† □ 72131
■ Other	† □	□	□
EXTREMITIES			
■ Upper Lt. Rt.	† □ 73202	† □ 73201	† □ 73200
■ Lower	† □ 73702	† □ 73701	† □ 73700
■ CTA Upper Ext.	□ 73206		
■ CTA Lower Ext.	□ 73706		
■ Other	† □	□	□
IVP			
■ IVP	□ 74400	□ n/a	

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 the complaint or condition, and that this information can be substantiated by the patient's medical record.

† 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.

MRI / MRA

	CPT	ICD-9	
NEURO			
■ Brain	† □ 70553	† □ 70552	† □ 70551
■ MRA Brain (Intracranial Circle of Willis)†	□ 70546	† □ 70545	† □ 70544
■ MRV Brain	† □ 70546	† □ 70545	† □ 70544
■ Neck Soft Tissue	† □ 70543	† □ 70542	† □ 70540
■ MRA Carotid	† □ 70549	† □ 70548	† □ 70547
■ Pituitary	† □ 70553	† □ 70552	† □ 70551
■ IAC's	† □ 70553	† □ 70552	† □ 70551
■ Orbits	† □ 70543	† □ 70542	† □ 70540
■ Sinuses	† □ 70543	† □ 70542	† □ 70540
■ Face	† □ 70543	† □ 70542	† □ 70540
■ Brachial Plexus	† □ 70543	† □ 70542	† □ 70540
■ TMJ Lt. Rt.	□ n/a	□ n/a	† □ 70336
■ Cervical Spine	† □ 72156	† □ 72142	† □ 72141
■ Thoracic Spine	† □ 72157	† □ 72147	† □ 72146
■ Lumbar Spine	† □ 72158	† □ 72149	† □ 72148
■ Sacrum/Coccyx	† □ 72197	† □ 72196	† □ 72195
■ Spine Metastatic Survey	† □ 72156/57/58	† □ 72141/46/48	
■ Other	† □	□	□
MUSCULOSKELETAL			
■ Shoulder Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Elbow Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Wrist Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Hand Lt. Rt.	† □ 73220	† □ 73219	† □ 73218
■ Hip Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Knee Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Ankle Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Foot Lt. Rt.	† □ 73720	† □ 73719	† □ 73718
■ MRI - Lt. Rt.			
■ Upper Extremity Non Joint	† □ 73220	† □ 73219	† □ 73218
■ MRI - Lt. Rt.			
■ Lower Extremity Non Joint	† □ 73720	† □ 73719	† □ 73718
■ Other	† □	□	□
BODY			
■ Chest	† □ 71552	† □ 71551	† □ 71550
■ Breast-Bilateral	† □ 77059	□ n/a	□ n/a
■ Breast-Unilateral Lt. Rt.	† □ 77058	□ n/a	□ n/a
■ MRA Chest	† □ 71555	□ n/a	□ n/a
■ MRA Thoracic Aorta	† □ 71555	□ n/a	□ n/a
■ MRA - Pulmonary Artery (Emboli)†	† □ 71555	□ n/a	□ n/a
■ Abdomen	† □ 74183	† □ 74182	† □ 74181
■ MRA Abdomen	† □ 74185	□ n/a	□ n/a
■ MRA Abdominal Aorta	† □ 74185	□ n/a	□ n/a
■ MRA Renal Arteries	† □ 74185	□ n/a	□ n/a
■ MRCP	† □ 74183	† □ 74182	† □ 74181
■ Pelvis	† □ 72197	† □ 72196	† □ 72195
■ Prostate	† □ 72197	† □ 72196	† □ 72195
■ MRA Upper Extremity	† □ 73225	□ n/a	□ n/a
■ MRA Lower Extremity	† □ 73725	□ n/a	□ n/a
■ MR Venogram - Lower Extremity	† □ 73719	□ n/a	□ n/a
■ MRA Runoff	† □ 74185 / 72198 / 73725		
■ Spectroscopy	□ 76390		
■ DTI	□ 76376		
■ Shoulder Arthrogram	□ 73222		
■ Elbow Arthrogram	□ 73222		
■ Wrist Arthrogram	□ 73222		
■ Hip Arthrogram	□ 73722		
■ Knee Arthrogram	□ 73722		
■ Ankle Arthrogram	□ 73722		
■ Other	† □	□	† □

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
 Diagnostic Bilateral G0204/77051
 Diagnostic Unilateral Lt. Rt. G0206/77051
 DO NOT USE CAD

DEXA

Bone Densitometry 77080

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

SOFT TISSUE BIOPSY

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 _____

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 76852
 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: _____
 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 _____

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.

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

† 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.

EXTREMITY VASCULAR

EXTREMITIES
 Arterial - Complete Spectral Doppler Waveform Analysis B/L 93923
 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 Venous - Complete Spectral Doppler Waveform Analysis B/L 93965
 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 BL 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
 Other _____

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 8oz. glasses of water; Nothing to eat or drink after midnight until your exam is completed.

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

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.

