



**Women's Mammography Center, Corp.
Hunterdon Diagnostics, Corp.**

121 State Route 31—Flemington, NJ 08822

Diagnostic Fax 908-788-9620 Mammography Fax 908-782-0076

Date _____ Standard STAT Appointment Date: _____

Patient Name: _____ Time: _____ AM / PM

Phone #: _____ DOB: _____ Preparation: _____

Diagnosis: _____ ICD-9: _____ Clinician: _____

Reason for Exam: _____ Clinician's Signature: _____

Comments: _____

WOMEN'S MAMMOGRAPHY CENTER - Scheduling Line 908-782-4700

Note: MRI CPT Codes subject to change

DIGITAL MAMMOGRAPHY

| | | | | | |
|-------|---------------------|-------|--------------------------|-------|-------------------------|
| G0202 | Bilateral Screening | G0206 | Diagnostic, Left / Right | 76100 | Mag Views, Left / Right |
|-------|---------------------|-------|--------------------------|-------|-------------------------|

MAGNETIC RESONANCE IMAGING (specify side)

| | | | | | |
|-------|-----------------------------|-------|----------------------------|--------|----------------------------|
| 74181 | Abdomen (*specify) | 73721 | Lower Ext Joint (*specify) | 72146 | Spine, Thoracic |
| 70551 | Brain - MRI | 70540 | Orbits | 72148 | Spine, Lumbosacral |
| 70544 | Brain - MRA | 72195 | Pelvis | 73218 | Upper Extremity (*specify) |
| 77059 | Breast, Left / Right / Both | 70553 | Pituitary | 73221 | Upper Ext Joint (*specify) |
| 70553 | IAC | C8902 | Renal Arteries - MRA | Other: | |
| 73718 | Lower Extremity (*specify) | 72141 | Spine, Cervical | | |

*Area of interest Without Contrast With and Without Contrast

GENERAL X-RAY (specify side)

| | | | | | |
|-------|------------------------|-------|-------------------------|--------|-------------------------------|
| 74000 | Abdomen (KUB) | 73630 | Foot, Left / Right | 70160 | Nasal Bones |
| 73610 | Ankle, Left / Right | 73090 | Forearm, Left / Right | 72190 | Pelvis |
| 72052 | Cervical Spine | 73130 | Hand, Left / Right | 71100 | Ribs-Unilateral, Left / Right |
| 71020 | Chest PA & Lat | 73510 | Hip, Left / Right | 72220 | Sacrum - Coccyx |
| 73000 | Clavicle, Left / Right | 73564 | Knee, Left / Right | 70260 | Skull |
| 73080 | Elbow, Left / Right | 73590 | Lower Leg, Left / Right | 72070 | Thoracic Spine |
| 70150 | Facial Bones | 72110 | Lumbosacral Spine | 73110 | Wrist, Left / Right |
| 73550 | Femur, Left / Right | 70110 | Mandible | Other: | |

HUNTERDON DIAGNOSTICS - Scheduling Line 908-788-5123

[] 31 North Office Centre, Suite 400 [] Doctors Office Building, Suite 105

BONE DENSITOMETRY

| | | | | | |
|-------|---------------------|-------|--------------------|-------|----------------------|
| 77080 | DEXA Scan, Complete | 77081 | DEXA Scan, Forearm | 77082 | DEXA Scan, Vertebral |
|-------|---------------------|-------|--------------------|-------|----------------------|

ULTRASOUND (check all that apply)

| | | | | | |
|-------|-------------------------|-------|------------------------------|-------|------------------------------|
| 76700 | Abdomen/Liver/GB | 76817 | Preg Cervical Length | 76816 | Preg Re-exam Complete |
| 76946 | Amniocentesis Guide | 76801 | Preg Diag 1st Trimester | 76856 | Pelvis Uterus/Ovaries |
| 76819 | Biophysical w/o NST | 76813 | Preg Genetic NT 11-14 wks | 76830 | Pelvis Transvaginal |
| 76645 | Breast, Left/Right/Both | 76811 | Preg Complete 18-20 wks | 76831 | Sonohysterogram |
| 76942 | Breast Cyst Aspiration | 76825 | Preg Fetal Echocardiography | 76770 | Renal w/Bladder w/o Bladder |
| 76857 | Follicular Study | 76815 | Preg Fluid Check - AFI only | 76870 | Scrotal - Testicular |
| 76856 | IUD Localization | 76815 | Preg Limited - Position only | 76536 | Thyroid 76942 Thyroid Biopsy |

Other: