

BIG SKY SOUND IMAGING ULTRASOUND REFERRAL FORM

BOZEMAN AREA PROVIDERS

For **X-ray**

PHONE-855-249-9729

Fax to-406-206-5015

For **Ultrasound**

Phone-406-624-6727

Fax to 406-205-0124

Patient Name _____

DOB: _____

Phone: _____

Insurance: _____

Abdomen	
76700	Abd. complete
76705	Abd. Ltd (GB) (Liver)

Diagnosis	
R10.84	Generalized abd. Pain
R10.11	RUQ abdominal Pain
R10.9	Abd. Pain Unspec.
R10.13	Epigastric pain
R94.5	Abnormal LFT's

Renal	
76770	Renal
76857	Bladder pre and post void

Diagnosis	
R31.9	Hematuria, UNSPEC.
R10.30	Lower abd pain, unspec. (flank pain)

Abdominal Aorta	
76775	Abd aorta
76706	AAA Medicare Screener

Diagnosis	
I71.4	AAA w/o rupture
R19.00	Intra-Abd and pelvic swelling, mass or lump, unspec.

Thyroid	
76536	Soft tissue neck/Thyroid

Diagnosis	
R22.1	Localized swelling, mass or lump, neck
E04.9	Nontoxic goiter, unspec.
E04.2	Nontoxic multinodular goiter
E03.9	Hypothyroidism, unspec.

GYN/Pelvic	
76856/76830	Pelvic US (per protocol)
76856	Pelvic TA only
76830	Pelvic TV only

Diagnosis	
R10.2	Pelvic and perineal pain
N94.6	Dysmenorrhea, unspec.
N92.0	Excessive or frequent menstruation with regular cycle
N94.10	Dyspareunia
N95.0	Postmenopausal bleeding
R19.07	Pelvic Mass
N83.299	Ovarian cyst (unspecified side)

OB	
76801	OB 1 st trimester (per protocol)
76805	OB anatomy scan (2 nd /3 rd trimester)
76815	OB limited
76816	OB follow up
76819	BPP W/O NST
76817	OB TV

Diagnosis	
Z34.81	Supervision of other normal pregnancy, first trimester
Z34.01	Supervision of other first pregnancy, first trimester
Z34.82	Supervision of other normal pregnancy, second trimester
Z34.02	Supervision of other first pregnancy, second trimester
O26.843	Uterine size/date discrepancy, 3 rd trimester
O20.8	Other hemorrhage in early pregnancy
Z36.87	Size and dates
Z36.3	Fetal Anatomy Screening

Breast		
76642	RT LT	Breast uni. Ltd

Diagnosis	
N63.1	Unsec.lump breast RT
N63.2	Unspec. Lump breast LT
N64.4	Mastodynia

Scrotum	
76870	Scrotum and content

Diagnosis	
R10.2	Pelvic and perineal pain
N50.8	Other specified disorders of male genital organs
Q53.9	Undescended testicle, unspec.

Carotid	
93880	Carotid

Diagnosis	
I65.29	Stenosis
I10	Essential HTN
R26.9	Unsec. abnormality of gait and mobility
R29.5	Transient paralysis

Arterial Doppler	
93925	Lwr Ext Art bilat
93930	Upr Ext Art bilat
93926	Lwr Ext Art Uni
93931	Upr Ext Art Uni

Diagnosis	
I70.219	Atherosclerosis of native arteries of extremities w/ intermittent claudication, unspec. Extremity
I73.9	Peripheral vascular disease, unspec.
R22.40	Localized swelling of unspec. Lower limb
M79.6	Pain in limb

Venous Doppler		
93971	RT LT	Lower ext uni
93971	RT LT	Upper ext uni
93970	BILAT	Lower ext
93970	BILAT	Upper ext
93970	BILAT	LE Venous insufficiency study

Diagnosis	
R22.40	Localized swelling of unsec. Lower limb
M79.606	Pain in leg, unspec.
I82.50	Chronic thrombosis of unsec. Deep veins of lower extremity
I87.2	Venous insufficiency, chronic, peripheral

MSK/ Soft Tissue Ext			
Complete			
76881	RT LT	Upper ext	
76881	RT LT	Lower ext	
Limited			
76882	RT LT	Upper ext	
76882	RT LT	Lower et	

Diagnosis	
R22.40	Localized swelling of unsec. Lower limb
M79.9	Soft tissue disorder, unspec.
M79.6	Pain in limb

Echo	
93306	Echo Complete
93308	Echo Limited
R07.9	Chest pain

other	

Comments: _____

Referring Physician: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____ Time: _____