

Big Sky Sound Imaging Referral Form

Ultrasound

Facility Name: _____

Date: _____

Call: (855) 249-9729

Fax: (406) 206-5015



Patient Name: _____

Phone: _____ Sex: M F DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance: _____

Policy #: _____

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

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	
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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/TV

Diagnosis	
R10.2	Pelvic and perineal pain
N94.6	Dysmenorrhea, unspec.
N92.0	Excessive or frequent menstruation with regular cycle
N94.1	Dyspareunia
N95.0	Postmenopausal bleeding

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

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.
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Carotid	
93880	Carotid

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

Arterial Doppler	
93925	Lwr Ext Art bilat
93930	Upr Ext Art bilat

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 unspec. Lower limb
M79.606	Pain in leg, unspec.
I82.50	Chronic thrombosis of unspec. 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 unspec. Lower limb
M79.9	Soft tissue disorder, unspec.
M79.6	Pain in limb

Other	

Diagnosis	

If exam is not listed above please describe type/indication _____

Facility or Location of Patient: _____

Referring Physician: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____ Time: _____