



Portable ULtraSound Express

Billing Form

Date	Patient Name	DOB	Office	Med. Rec. #

Please check the appropriate test performed:

<input type="checkbox"/> 2D Echo, Doppler and Color (private)	93307TC, 93320TC, 93325TC
<input type="checkbox"/> 2D Echo, Doppler and Color (medicare)	93306TC
<input type="checkbox"/> Carotid Doppler	93880TC
<input type="checkbox"/> Lower Extremity Venous	93970TC bilateral, 93971TC unilateral
<input type="checkbox"/> Abdominal Aorta	76705TC
<input type="checkbox"/> Thyroid	76536TC
<input type="checkbox"/> Scrotum	76870TC
<input type="checkbox"/> Complete Abdomen	76700TC
<input type="checkbox"/> Limited Abdomen	76705TC
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<input type="checkbox"/> Complete Duplex Scan	93975TC
<input type="checkbox"/> Limited Duplex Scan	93976TC
<input type="checkbox"/> Aorta Duplex Scan	93978TC
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Indications:	

Please check the appropriate billing code:

<input type="checkbox"/> Murmur 785.2	<input type="checkbox"/> Bruit 785.9
<input type="checkbox"/> Chest Pain 786.50	<input type="checkbox"/> Dizziness 780.4
<input type="checkbox"/> Shortness of Air 786.05	<input type="checkbox"/> Syncope 780.2
<input type="checkbox"/> Hypertension 401.1	<input type="checkbox"/> TIA 435.9
<input type="checkbox"/> Cardiomyopathy 425.4	<input type="checkbox"/> Visual Disturbances 368.9
<input type="checkbox"/> Aortic Valve Disorder 424.1	<input type="checkbox"/> Deep Vein Thrombus 453.8
<input type="checkbox"/> Mitral Valve Insufficiency 424.0	<input type="checkbox"/> Extremity Pain 729.5
<input type="checkbox"/> Pulmonary Valve Disorder 424.3	<input type="checkbox"/> Aortic Aneurysm w/o rupture 441.9
<input type="checkbox"/> Tricuspid Valve Dis. 424.2	<input type="checkbox"/> Aortic Dissection 441.00
<input type="checkbox"/> Pulmonary HTN 416.0	<input type="checkbox"/> Testicular Pain 608.9
<input type="checkbox"/> Premature Beats 427.60	<input type="checkbox"/> Pelvic Pain (female) 625.9
<input type="checkbox"/> Atrial Fibrillation 427.31	<input type="checkbox"/> Nausea/Vomiting 787.01
<input type="checkbox"/> Abnormal ECG 794.31	<input type="checkbox"/> Nausea 787.02
<input type="checkbox"/> Cardiomegaly 429.3	<input type="checkbox"/> Vomiting 787.03
<input type="checkbox"/> Carotid Artery w/o Infarction 433.10	<input type="checkbox"/> Abdominal Pain 789.00
<input type="checkbox"/> Other specified artery disorders 447.8	<input type="checkbox"/> Back Pain 724.5