



PODIATRY REQUEST FORM

Medicare AUC Mandate requires documentation of qCDSM: HCPCS Modifier (2 digits): _____ G-Code (5 digits): _____

Patient Name _____ Date of Order _____

Date of Birth / / _____ Mobile Phone _____ Home Phone _____

Referring Doctor _____ Phone _____

Address _____ Fax _____

Referring Provider's Signature **X** _____ **PLEASE SIGN OR STAMP - STATE REQUIREMENT**

Insurance _____ Authorization # _____

Reason for Exam _____

SYMPTOMS - CLINICAL INFO - REQUIRED BY INSURANCE CO. Chronic New Onset Follow-up Wet Reading - STAT

PODIATRY IMAGING

Indications

- Achilles
- Coalition
- Foreign body
- Fracture
- Impingement
- Infection:
 - Cellulitis, Osteomyelitis
- Ligament/Tendon _____
- Mass/Neuroma _____
- Osteoporosis
- Pain
- Trauma
- Plantar Fascia
- Turf Toe/Plantar Plate
- Other _____

X-Ray / Fluoroscopy

- | | | |
|--|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Calcaneus | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Femur | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Toes | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Hip/Pelvis | | |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Leg length survey | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Pelvis only | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Tibia / Fibula | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Weight bearing | <input type="checkbox"/> Right | <input type="checkbox"/> Left |

Additional views _____

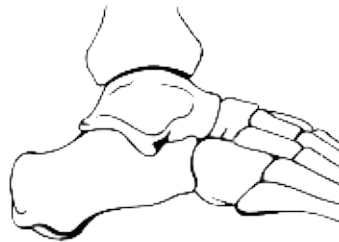
BONE DENSITY

- DEXA

Area of Concern (please mark area of attention)

Ankle/Hindfoot

MRI of ankle includes the back of the calcaneus to the base of the metatarsals.



Midfoot

proximal to the tarsometatarsal junction to MTP joints



Forefoot

middle of metatarsals to the tips of the phalanges



MRI

- Without Contrast - 73721
- With & Without Contrast- 73723
- Ankle/Hindfoot Right Left
- Achilles Right Left
- Midfoot Right Left
- Forefoot Right Left
- Tibia / Fibula Right Left
- Other _____

CT

- Lower Extremity Without Contrast - 73700 Right Left
- Lower Extremity With & Without Contrast - 73702 Right Left
- 3D Reconstruction Right Left
- Ankle Right Left
- Foot Right Left
- Scan-o-gram Right Left
- Other _____

ULTRASOUND

- | | | | Unilateral | Bilateral |
|---|--------------------------------|-------------------------------|------------|-----------|
| <input type="checkbox"/> Extremity Venous | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 93971 | 93970 |
| <input type="checkbox"/> Extremity Arterial | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 93926 | 93925 |
| <input type="checkbox"/> Lower Extremity Non-Vascular | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76881 | |
| <input type="checkbox"/> Soft Tissue | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Plantar Fascia | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Achilles | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> PTT Flexor Tendons | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Peroneal Tendons | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Neuroma | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Plantar Plate | <input type="checkbox"/> Right | <input type="checkbox"/> Left | 76882 | |
| <input type="checkbox"/> Tibialis anterior/extensor tendons | | | | |

Other _____

ULTRASOUND-GUIDED INJECTIONS

- Joint (please specify) _____
- Tendon Sheath (please specify) _____
- Morton's Neuroma (please specify) _____
- Plantar Fascia
- Retrocalcaneal Bursa
- Tibial Nerve/Tarsal Tunnel
- Other _____