



Lost Pines Mobile Imaging LLC

150 Settlement Dr, Ste #9, Bastrop, TX 78602



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Fax (866) 871-0838 / (214) 666-9862

Patient Name:	Medicare Number:
Patient Address:	Medicaid Number:
	Pvt Insurance Co.:
Patient Phone Number:	Member ID #:
Patient D.O.B.: Male <input type="checkbox"/> Female <input type="checkbox"/>	Insurance Billing Address:
Social Security #:	
*Physician/Provider Name:	Provider NPI:
*Provider Phone:	Provider Fax:
*Physician Signature:	Facility Name:
	Facility Fax:

*Reason for Portable X-Ray: Please check at least one reason

- Acute Condition Critically Ill Non Ambulatory Transportation would be Injurious to Patient
 Bedbound Homebound Medical Condition Unstable Memory Care / Hospice Patient

Lost Pines Mobile Imaging (Portable X-Ray)

Body Part	CPT Code	Views	ICD 10	Body Part	CPT Code	Views	ICD 10
Abdomen, Decub/Erect	74020	2	R10.30, R10.10, K59.00	Mandible	70100 / 70110	3 4	S02.6, R68.84
Abdomen (KUB)	74000	1	R10.30, R10.10, K59.0	Nasal Bones	70160	3	J34.89, S02.2
Ankle AP / Lat <input type="checkbox"/> R <input type="checkbox"/> L	73600 / 73610	2 3	M84.373, M25.579	Knee <input type="checkbox"/> R <input type="checkbox"/> L	73560 / 73562	2 3	M25.569
Chest	71045 / 71046	1 2	I50.2, R07.9, J13, R05, I10	Pelvis	72170	1	S32.810B
Chest X-Ray with EKG	71045 / 93005	1	I50.2, R07.9, I10, R55, R06.02	Ribs Unilateral / Bilateral	71100 / 71110	2 4	R07.9, R07.81, S22.39XA
Clavicle	73000	2	S42.0	Bilateral Ribs with AP Chest	71111	5	R07.9, R07.81, S22.39XA
Elbow <input type="checkbox"/> R <input type="checkbox"/> L	73070 / 73080	2 3	M25.529, S42.40	Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	73030	2	M25.511, M25.512, M25.519
Femur <input type="checkbox"/> R <input type="checkbox"/> L	73552	2	S72.01	Spine: Cervical / Thoracic / Lumbar	72040 / 72070 / 72100	2	M54.2, M54.5, M54.6
Foot <input type="checkbox"/> R <input type="checkbox"/> L	73620 / 73630	2 3	M25.571, M25.572, M25.579	Sacrum / Coccyx	72220	2	S32.10
Forearm <input type="checkbox"/> R <input type="checkbox"/> L	73090	2	S52.0, S52.1, S52.2, S53.3, S52.5, S52.6	Scapula	73010	2	S42.1, M25.519
Tibia / Fibula <input type="checkbox"/> R <input type="checkbox"/> L	73590	2	M79.669	Sinus Series	70220	3	J32.9, J01.10
Facial Bones	70140 / 70150	2 3	S02.92XB	Sternum	71120	2	S22.2, R07.2
Hand <input type="checkbox"/> R <input type="checkbox"/> L	73120 / 73130	2 3	M79.641, M79.642, M79.643	Skull	70250	3	S02.0XXA
Hip <input type="checkbox"/> R <input type="checkbox"/> L	73502 / 73522	4	M84.459A, M25.559	Toes <input type="checkbox"/> R <input type="checkbox"/> L	73660	2	M79.675, M79.674
Bilateral Hips with Pelvis	73523	5	M84.459A, M25.559	Wrist <input type="checkbox"/> R <input type="checkbox"/> L	73100 / 73110	2 3	M25.531, M25.532, M25.539
Humerus <input type="checkbox"/> R <input type="checkbox"/> L	73060	2	S42.2-S42.4	EKG with Report	93000		

Reliance Imaging - I.D.T.F (Echo/Doppler/Ultrasound)

Examination	CPT Code	ICD 10	Examination	CPT	ICD 10
Echocardiogram	93306	R01.2, I49.9, I10, R06.02, R07.9, I25.10, R94.31, I50.9, R55	Renal U/s / Renal Artery Doppler	76770 / 93976	N18.3, R94.4, N18.1-N18.9, R31.9, N28.1, I70.1, I10, N28.0
Carotid Doppler	93880	R26.9, R09.89, R55, I65.29	Testicular Ultrasound /w Doppler+	76870 / 93976	N44.2, N50.9, R10.2, N50.812
Arterial Duplex Doppler BLE	93925	E11.51, E08.51, M79.609, L97.909, I73.9	Abdomen /w Doppler	93975	R93.5
Arterial Doppler/ABI/Segmental Limb Pressures	93925 / 93922 / 93923		Abdominal Ultrasound	76700	R94.5, R10.10, R10.84, K73.2
Arterial Doppler - Arms	93930		Thyroid Ultrasound	76536	E01.2, E04.1, E03.9, E05.90
Venous Doppler - Arms	93970	R60.1, R60.9, M79.609	Pelvic / T/v Pelvic Ultrasound+	76856 / 76830	N94.89, D25.9, N92.4, C56.9
Venous Doppler - Legs	93970	R60.1, R60.9, M79.609, I80.9, I82.409, M79.89	Soft Tissue Ultrasound	76881	R22.9
Aorta / IVC Doppler	93978	I71.4, I70.49, I73.9, I71.9	Breast Ultrasound+	76641	N63, N64.4

Comments / Special Instructions:

ICD 10 Codes / Description:

*Mandatory

Please Fax Orders to (866) 871-0838 / (214) 666-9862

Not Performed at Patient Home*