



## **STAR Mobile Imaging**

STAR Mobile Imaging is our preferred vendor for ultrasound procedures. For customized pricing for your practice contact Brandon Holbert.

817-805-4001 / 214-242-1040 - fax  
[brandon@starmobileimaging.com](mailto:brandon@starmobileimaging.com)  
[www.starmobileimaging.com](http://www.starmobileimaging.com)

If you would like to speak to one of our Jefferson members who currently use STAR Mobile Imaging, contact the Jefferson office and we can provide you with references.

## Frequently Asked Questions about Ultrasound

### HOW ARE ULTRASOUND PROCEDURES PERFORMED?

For Most ultrasound exams, you will be lying on your back on an exam table that can be tilted. A clear gel is applied to the area being scanned. This gel is to help the transducer make a secure contact with the body and eliminate air pockets between the transducer and the skin.

The sonographer then presses the transducer against the skin and moves it back and forth over the area being scanned.

### HOW SHOULD I PREPARE FOR THE PROCEDURE?

**ABDOMINAL US / GALLBLADDER, LIVER (Upper Quadrant)**

The patient must not have anything to eat or drink after midnight, not even water.

If patient is having a Pelvic exam as well, they have to drink 32 ounces of water, one hour before the test, and cannot void until after the exam.

**ABDOMINAL DOPPLER**

(Same prep as Abdominal Ultrasound)

**AORTIC ULTRASOUND**

The patient cannot have anything to eat 4 hours prior to the exam.

**BLADDER ULTRASOUND**

The patient must drink 32 ounces of water and be finished drinking one hour prior to their exam. They cannot urinate until after the exam.

**ECHOCARDIOGRAM (ECHO)**

In general, no specific preparation is required for this test. You may do about your activities as usual, unless instructed differently by your physician. Because you will be asked to remove all clothing above the waist for this test, plan your wardrobe choice accordingly. It is also recommended that you refrain from applying lotions, oils or powder to the skin of your chest because these substances can interfere with the gel that is applied during ultrasound testing.

**PELVIC ULTRASOUND with or without TRANSVAGINAL ULTRASOUND**

In order to properly perform this ultrasound test, the patient's bladder must be full. The patient needs to drink 32 ounces of water, 1 hour prior to the exam, and cannot void until after the exam.

**PELVIC ULTRASOUND with OVARIAN DOPPLER**

(See Pelvic Ultrasound Prep)

**PREGNACY ULTRASOUND**

For the first trimester, the patient will be required to drink 32 ounces of water.

For the second and third trimester, the patient will need to drink three eight-ounce glasses of water one hour prior to the exam, and to not void until after the exam.

**RENAL ULTRASOUND (KIDNEY)**

Drink 16 ounces of water one hour prior to the exam.

The patient cannot void one hour prior to the exam.

**RENAL DOPPLER ULTRASOUND (For Hypertension)**

Patients cannot have any food or liquid four hours prior to their exam.

Drink 16 ounces of water 30 minutes prior to the exam.

**TESTICULAR ULTRASOUND**

The patient should avoid using any powder in this area after showering.

**VASCULAR ULTRASOUND**

A period of fasting is necessary only if you are to have an examination of veins in your abdomen. In this case, you will probably be asked not to ingest food or fluids except water for six to eight hours ahead of time. Otherwise, there is no other special preparation for a vascular ultrasound.

Name: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

**Certification of Medical Necessity**

(Your Business Name and Phone Here)

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- ABDOMINAL, COMPLETE (76700)**  
 \_\_\_ Abdominal Pain - \*Specify Code  
 \_\_\_ RUQ Pain (789.01)  
 \_\_\_ Murphy's Sign, RUQ Tenderness (789.61)  
 \_\_\_ Gas Pain, Flatulence (787.3)  
 \_\_\_ Gallstones, Cholelithiasis, NOS (574.20)  
 \_\_\_ Cholelithiasis, Unspecified (575.10)  
 \_\_\_ Nausea w/Vomiting (787.01)  
 \_\_\_ Nausea Alone (787.02)  
 \_\_\_ Vomiting Alone (787.03)  
 \_\_\_ Anemia, Essential, Excludes Blood Loss (285.9)  
 \_\_\_ Elevated Bilirubin/Jaundice, Unspecified (782.4)  
 \_\_\_ Abnormal Serum Enzyme, Liver (790.5)  
 \_\_\_ Abdominal Mass - \*Specify Code  
 \_\_\_ Hepatomegaly (789.1)  
 \_\_\_ Splenomegaly (789.2)  
 \_\_\_ Ascites, Other (789.59)  
 \_\_\_ Hepatitis - \*Specify Code  
 \_\_\_ Cirrhosis - \*Specify Code  
 \_\_\_ Infection of Kidney, Unspecified (590.9)  
 \_\_\_ Urinary Obstruction, Unspecified (599.60)  
 \_\_\_ Other \_\_\_\_\_

- SOFT TISSUE ABO MASS/HERNIA (76705)**  
 \_\_\_ Abd. Wall Mass - \*Specify Code  
 \_\_\_ Abd. Wall Tender - \*Specify Code  
 \_\_\_ Other \_\_\_\_\_

- RENAL/RETROPERITONEAL COMPLETE (76770)**  
 \_\_\_ Hydronephrosis (591)  
 \_\_\_ Hematuria, Unspecified (599.70)  
 \_\_\_ Flank Pain \_\_\_ RT (789.03) \_\_\_ LT (789.04)  
 \_\_\_ Kidney Stone(s) (592.0)  
 \_\_\_ Renal Mass (789.39)  
 \_\_\_ Proteinuria (791.0)  
 \_\_\_ Oliguria/Anuria (788.5)  
 \_\_\_ Infection of Kidney, Unspecified (590.9)  
 \_\_\_ Cystitis/Bladder Infection, Unspecified (595.9)  
 \_\_\_ Urinary Obstruction, Unspecified (599.60)  
 \_\_\_ Congenital Urinary Anomaly, Unspecified (753.9)  
 \_\_\_ HTN Malig. 1-IV, w/o Renal Failure (403.00)  
 \_\_\_ HTN Malig. V, w/o Renal Failure (403.01)  
 \_\_\_ Acute Renal Failure, Unspecified (584.9)  
 \_\_\_ Chronic Renal Failure, Unspecified (585.9)  
 \_\_\_ Other \_\_\_\_\_

- RENAL ARTERY DUPLEX**  
**ABD. DUPLEX COMPLETE (93975)**  
**RENAL/RETROPERITONEAL (76770-59)**  
 \_\_\_ Atherosclerosis of Renal Artery (440.1)  
 \_\_\_ Abdominal Bruil and/or Weak Pulse (785.9)  
 \_\_\_ Vascular Disorders of Kidney (593.81)  
 \_\_\_ Renal Failure, Unspecified (586)  
 \_\_\_ Small Kidney Disorder, Unilateral (589.0)  
 \_\_\_ Small Kidney Disorder, Bilateral (589.1)  
 \_\_\_ Hypertension - Benign (401.1)  
 \_\_\_ Hypertension - Malignant (401.9)  
 \_\_\_ Other \_\_\_\_\_

- AORTA, ABDOMINAL (DIAGNOSTIC STUDY)**  
**ABD. DUPLEX LIMITED (93976)**  
**RETROPERITONEAL, LIMITED (76775-59)**  
 \_\_\_ Abdominal Aortic Aneurysm (441.4)  
 \_\_\_ Abdominal/Back Pain - \*Specify Code  
 \_\_\_ Atherosclerosis of Aorta (440.0)  
 \_\_\_ Abdominal Bruil and/or Weak Pulse (785.9)  
 \_\_\_ Hypertension-Benign (401.1)  
 \_\_\_ Hypertension-Malignant (401.0)  
 \_\_\_ Other \_\_\_\_\_

- AAA SCREENING ULTRASOUND**  
**G0389 MEDICARE PATIENT W/IPPE ONLY**  
**76775 COMMERCIAL CARRIER ONLY**  
 \_\_\_ Screening, Cardiovascular, Unspecified, (V81.2)  
 \_\_\_ Screening, Cardiovascular, HTN (V81.1)  
 \_\_\_ Screening, Cardiovas. Ische, Heart Dz (V81.0)  
 \_\_\_ Screening, Unspecified Condition (V82.9)

- PELVIC, COMPLETE**  
**PELVIC, TRANSABDOMINAL (76856)**  
**TRANSVAGINAL (76830)**  
 \_\_\_ Pelvic Pain  
 \_\_\_ RT (789.03) \_\_\_ LT(789.04) \_\_\_ Other (789.09)  
 \_\_\_ Pelvic Mass/Fibroid/Cyst  
 \_\_\_ RT (789.33) \_\_\_ LT(789.34) \_\_\_ Other (789.39)  
 \_\_\_ Pelvic Pain, Female Only (625.9)  
 \_\_\_ Fibroid / Leiomyoma, Submucosal (218.0)  
 \_\_\_ Heavy or Frequent Menstruation (626.2)

- \_\_\_ Irregular Menstrual Bleeding (626.4)  
 \_\_\_ Postmenopausal Bleeding (627.1)  
 \_\_\_ Menorrhagia, Premenopausal (627.0)  
 \_\_\_ Amenorrhea (626.0)  
 \_\_\_ Dysmenorrhea (625.3)  
 \_\_\_ Endometriosis, Site Unspecified (617.9)  
 \_\_\_ Pelvic Inflammatory Disease, PID (615.9)  
 \_\_\_ Dyspareunia (625.0)  
 \_\_\_ Urinary Retention, Unspecified (788.20)  
 \_\_\_ Personal History of Uterine Malignancy (V10.40)  
 \_\_\_ Other \_\_\_\_\_

- OB, AFTER 1<sup>st</sup> TRIMESTER (76805)**  
 \_\_\_ Size for Dates (V22.2)  
 \_\_\_ Fetal Malposition, Unspecified (652.90)  
 \_\_\_ Large for Dates, Unspecified (653.50)  
 \_\_\_ Poor Fetal Growth, Unspecified (656.50)  
 \_\_\_ Suspected Fetal Anomaly, Unspecified (655.90)  
 \_\_\_ Vomiting After 22 Weeks, Unspecified (643.2)  
 \_\_\_ IUGR Unspecified Weight (764.90)  
 \_\_\_ Bleeding/spotting, Early in Preg. Unspecified (640.90)  
 \_\_\_ Ectopic Pregnancy, Unspecified (633.90)  
 \_\_\_ Other \_\_\_\_\_

- THYROID, HEAD/NECK (76536)**  
 \_\_\_ Thyroid Goiter / Enlargement (241.1)  
 \_\_\_ Neck / Head Mass, Swelling, lump (784.2)  
 \_\_\_ Thyroid Cyst (246.2)  
 \_\_\_ Abnormal Thyroid Function Tests (794.5)  
 \_\_\_ Difficulty Swallowing, Unspecified (787.20)  
 \_\_\_ Benign Neoplasm of Thyroid (226)  
 \_\_\_ Thyroiditis, Acute (245.0)  
 \_\_\_ Hyperthyroidism w/o Crisis (242.90)  
 \_\_\_ Hypothyroidism, Unspecified (244.9)  
 \_\_\_ Other \_\_\_\_\_

- SCROTAL (76870)**  
 \_\_\_ Scrotal Mass / Cyst (608.89)  
 \_\_\_ Scrotal Pain (608.9)  
 \_\_\_ Hydrocele, Unspecified (603.9)  
 \_\_\_ Varicocele (456.4)  
 \_\_\_ Spermatocele (608.1)  
 \_\_\_ Torsion, Unspecified (608.20)  
 \_\_\_ Epididymitis / Orchitis, Unspecified (604.90)  
 \_\_\_ Other \_\_\_\_\_

- EXTREMITY, NON-VASCULAR (76880)**  
 \_\_\_ Baker Cyst Knee (727.51)  
 \_\_\_ Joint Effusion - \*Specify Code  
 \_\_\_ Joint Pain - \*Specify Code  
 \_\_\_ Focal Mass of Extremity (239.8)  
 \_\_\_ Other \_\_\_\_\_

- CAROTID DUPLEX (93880)**  
 \_\_\_ TIA, Intermittent Cerebral Ischemia (435.9)  
 \_\_\_ Carotid Stenosis w/o Infarction (433.10)  
 \_\_\_ Carotid Stenosis w/ Infarction (433.11)  
 \_\_\_ Carotid Bruil/Weak Pulse (785.9)  
 \_\_\_ Facial Weakness, Late Effect CVD (438.83)  
 \_\_\_ Ataxia, Late Effect CVO (438.84)  
 \_\_\_ Vertigo, Late Effect CVO (438.85)  
 \_\_\_ Near & Pre-Syncope and Collapse (780.2)  
 \_\_\_ Abnormality of Gait (781.2)  
 \_\_\_ Lack of Coordination (781.3)  
 \_\_\_ Memory Loss/Confusion, Transient (437.7)  
 \_\_\_ Visual Disturbance, Late Effect CFO (438.7)  
 \_\_\_ Transient Visual Loss (368.12)  
 \_\_\_ Amaurosis Fugax (362.34)  
 \_\_\_ Diplopia, Double Vision (368.2)  
 \_\_\_ Transient Limb Paralysis (781.4)  
 \_\_\_ Numbness, Parenthesis (782.0)  
 \_\_\_ Hemiplegia, Dominant Side (342.81)  
 \_\_\_ Hemiplegia, Non-Dominant side (342.82)  
 \_\_\_ Slurred Speech (784.5)  
 \_\_\_ Aphasia (784.3)  
 \_\_\_ Neck Lump or Mass (784.2)  
 \_\_\_ Pre-Operative Examination, Other (V72.83)  
 \_\_\_ Post-Operative Examination, Unspecified (V67.00)  
 \_\_\_ Other \_\_\_\_\_

- ARTERIAL DUPLEX, LOWER EXT. (93925)**  
 \_\_\_ Leg Pain (729.5)  
 \_\_\_ Claudication (440.21)  
 \_\_\_ Bruil and/or Weak Pulse (785.9)  
 \_\_\_ Peripheral Vascular Disease (443.9)  
 \_\_\_ Atherosclerosis of Extremities, Other (440.29)  
 \_\_\_ Rest Pain with Atherosclerosis (440.22)  
 \_\_\_ Diabetic w/Peripheral Vase Disease (250.70)

- \_\_\_ Leg Ulcer with Atherosclerosis (440.23)  
 \_\_\_ Leg Ulcer, Unspecified (707.10)  
 \_\_\_ Gangrene (440.24)  
 \_\_\_ Embolism of LE (445.02)  
 \_\_\_ Aneurysm of LE Artery (442.3)  
 \_\_\_ Aneurysm of Iliac Artery (442.2)  
 \_\_\_ Aortic Atherosclerosis (440.0)  
 \_\_\_ Raynaud's Syndrome (443.0)  
 \_\_\_ Bypass Graft, Vein (440.31)  
 \_\_\_ Bypass Graft, Artificial (440.30)  
 \_\_\_ Pre-Operative Examination, Other (V72.83)  
 \_\_\_ Post-Operative Examination, Other (V58.49)  
 \_\_\_ Other \_\_\_\_\_

- VENOUS DUPLEX, LOWER EXT. (93970)**  
 \_\_\_ DVT (453.40)  
 \_\_\_ Leg Pain (729.5)  
 \_\_\_ Leg Swelling, Diffuse (729.81)  
 \_\_\_ Edema of Leg, Local (782.3)  
 \_\_\_ Cellulitis of Leg, Except Fot (682.6)  
 \_\_\_ Superficial Mass or Lump (782.2)  
 \_\_\_ Superficial Phlebitis (451.0)  
 \_\_\_ Varicose Veins  
 \_\_\_ w/Ulcer (454.0) \_\_\_w/Inflammation (454.1)  
 \_\_\_ Other Complications (454.8)  
 \_\_\_ Shortness of Breath (786.05)  
 \_\_\_ Chest Pain, Other (786.59)  
 \_\_\_ Painful Respiration (786.52)  
 \_\_\_ Hemoptysis (786.3)  
 \_\_\_ Pulmonary Embolism, Other (415.19)  
 \_\_\_ Pre-Operative Examination, Other (V72.83)  
 \_\_\_ Post-Operative Examination Unspecified (V67.00)  
 \_\_\_ Other \_\_\_\_\_

- VENOUS DUPLEX, UPPER EXT. (93970)**  
 \_\_\_ DVT (451.83)  
 \_\_\_ Arm Pain (729.5)  
 \_\_\_ Arm Swelling, Diffuse (729.81)  
 \_\_\_ Edema of Arm, Localized (782.3)  
 \_\_\_ Cellulitis of Arm (682.3)  
 \_\_\_ Superficial Mass or Lump (782.2)  
 \_\_\_ Superficial Phlebitis (451.82)  
 \_\_\_ Shortness of Breath (786.05)  
 \_\_\_ Chest Pain, Other (786.59)  
 \_\_\_ Painful Respiration (786.52)  
 \_\_\_ Hemoptysis (786.3)  
 \_\_\_ Pulmonary Embolism (415.19)  
 \_\_\_ Post-Operative Examination Unspecified (V67.00)

- ECHOCARDIOGRAM, TRANSTHORACIC**  
**20/M-Mode w/Spectral & Color Flow Doppler (93306)**  
 \_\_\_ Cardiac Arrhythmia / Palpitations (Check One)  
 \_\_\_ PVC's (427.1), \_\_\_ SVT (427.0)  
 \_\_\_ Atrial Fibrillation (427.31)  
 \_\_\_ Atrial Flutter (427.32)  
 \_\_\_ Heart Murmur, NOS (785.2)  
 \_\_\_ CAD (414.01)  
 \_\_\_ Cardiovascular Disease Unspecified (429.2)  
 \_\_\_ Peripheral Vascular Disease (440.20)  
 \_\_\_ MR- Mitral Valve Insufficiency (424.0)  
 \_\_\_ AI-Aortic Valve Insufficiency (424.1)  
 \_\_\_ TR - Tricuspid Valve Insufficiency (424.2)  
 \_\_\_ PI - Pulmonic Valve Insufficiency (424.3)  
 \_\_\_ Angina, Unspecified (413.9)  
 \_\_\_ Near & Pre-Syncope and Collapse (780.2)  
 \_\_\_ Congestive Heart Failure, Unspecified (428.0)  
 \_\_\_ Pulmonary Hypertension (416.0)  
 \_\_\_ Cardiomyopathy, NOS (425.4)  
 \_\_\_ Cardiomegaly (429.3)  
 \_\_\_ Pericarditis, Acute, Unspecified (420.90)  
 \_\_\_ Pericardial Effusion (423.9)  
 \_\_\_ TIA, Unspecified (435.9)  
 \_\_\_ Myocardial Infarction, Old (412)  
 \_\_\_ Shortness of Breath (788.05)  
 \_\_\_ Fever, Unspecified (780.60)  
 \_\_\_ Tachycardia, Supraventricular (427.0)  
 \_\_\_ Tachycardia, Ventricular (427.1)  
 \_\_\_ Endocarditis, Acute, Unspecified (421.9)  
 \_\_\_ Systolic Heart Failure, Unspecified (428.20)  
 \_\_\_ Diastolic Heart Failure, Unspecified (428.30)  
 \_\_\_ Valve Disease- \*Specify Code  
 \_\_\_ Other \_\_\_\_\_

ORDERING PHYSICIAN'S SIGNATURE \_\_\_\_\_