

Office: (727) 525-2121  
 Fax: (727) 526-5872  
 www.GatewayRadiology.com



4800 Park Blvd.  
 Pinellas Park, FL 33781  
 2100 1<sup>st</sup> Ave. S.  
 St. Petersburg, FL 33712



Patient Name \_\_\_\_\_  
 DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_\_  
 Appointment Date \_\_\_\_\_ Time \_\_\_\_\_ (Free Transportation for MRI or CT)  
 Practice of: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**3T MRI**

- 74181 Abdomen (wo)
- 74183 Abdomen (w/wo)
- A9581 w/ Eovist (Liver Contrast)
- 70551 Brain (wo)  
 \_\_\_\_\_ Trauma w/ DTI & SWI
- 70553 Brain (w/wo)
- 77058 Breast Uni (w) and/or (wo)
- 77059 Breast Bilat (w) and/or (wo)
- 73218 Brachial Plexus (wo)
- 72141 Cervical (wo)  
 \_\_\_\_\_ Axis Views - Alar/Transverse
- 72156 Cervical (w/wo)
- 77012/73222 Arthrogram Upper Ext (w/only)  
 \_\_\_\_\_ shoulder \_\_\_\_\_ wrist
- 77012/73722 Arthrogram Lower Ext (w/only)  
 \_\_\_\_\_ hip \_\_\_\_\_ knee
- 70551 IACs (wo)
- 70553 IACs (w/wo)
- 72148 Lumbar (wo)
- 72158 Lumbar (w/wo)
- 74181 MRCP (wo)
- 70540 Orbit, Face, Neck (wo)
- 70543 Orbit, Face, Neck (w/wo)
- 72195 Pelvis (wo)
- 72197 Pelvis (w/wo)
- 70553 Pituitary (w/wo)
- 70336 T.M.J. (wo)
- 72146 Thoracic (wo)
- 72157 Thoracic (w/wo)
- 73221 Upper Ext. Joint L / R (wo)  
 \_\_\_\_\_ shoulder \_\_\_\_\_ elbow \_\_\_\_\_ wrist
- 73218 Upper Ext. Non-Joint L / R (wo)  
 \_\_\_\_\_ humerus \_\_\_\_\_ forearm \_\_\_\_\_ hand
- 73223 Upper Ext. Joint L / R (w/wo)  
 \_\_\_\_\_ shoulder \_\_\_\_\_ elbow \_\_\_\_\_ wrist
- 73220 Upper Ext. Non-Joint L / R (w/wo)  
 \_\_\_\_\_ humerus \_\_\_\_\_ forearm \_\_\_\_\_ hand
- 73721 Lower Ext. Joint L / R (wo)  
 \_\_\_\_\_ hip \_\_\_\_\_ knee \_\_\_\_\_ ankle
- 73718 Lower Ext. Non-Joint L / R (wo)  
 \_\_\_\_\_ femur \_\_\_\_\_ tibia \_\_\_\_\_ fibula \_\_\_\_\_ foot
- 73723 Lower Ext. Joint L / R (w/wo)  
 \_\_\_\_\_ hip \_\_\_\_\_ knee \_\_\_\_\_ ankle
- 73720 Lower Ext. Non-Joint L / R (w/wo)  
 \_\_\_\_\_ femur \_\_\_\_\_ tibia \_\_\_\_\_ fibula \_\_\_\_\_ foot
- Other \_\_\_\_\_

**MRA**

- 70544 Brain (COW) (wo)
- 70547 Neck/Carotids (wo)
- 70549 Neck/Carotids (w/wo)
- 72198 Pelvis (w/wo)
- 74185 Abdomen (w/wo)
- 74185/72198/73725x2 Abdomen w/ Runoff

**Labs/Sedation**

- \_\_\_\_\_ PT/INR (available on site)
- \_\_\_\_\_ BUN/Creatnine (available on site)
- \_\_\_\_\_ Radiologist Discretion for Contrast
- \_\_\_\_\_ Oral Sedation (Radiologist required on-site)

**64 Slice CT**

- 74261 Virtual Colonoscopy
- 74178 Enterography
- 74176 **Abdomen/Pelvis** (wo)
- 74178 **Abdomen/Pelvis** (w/wo)
- 74150 Abdomen (wo)
- 74170 Abdomen (w/wo)
- 70450 Brain (wo)
- 70470 Brain (w/wo)
- 72125 Cervical (wo)
- 72127 Cervical (w/wo)
- 71260 Chest (w)
- S8032 Low Dose CT Chest  
 (Screening for Lung CA)
- 71250 Chest/Thorax (wo)
- 71270 Chest/Thorax (w/wo)
- 70486 Facial (wo)
- 70488 Facial (w/wo)
- 72131 Lumbar (wo)
- 72133 Lumbar (w/wo)
- 72192 Pelvis (wo)
- 72194 Pelvis (w/wo)
- 74176 Renal Stone (wo)
- 77014 Simulation
- 70486 Sinus (wo)
- 70490 Soft Tissue Neck (wo)
- 70492 Soft Tissue Neck (w/wo)
- 70480 Temporal Bone (IAC) (wo)
- 70482 Temporal Bone (IAC) (w/wo)
- 72128 Thoracic (wo)
- 72130 Thoracic (w/wo)
- 76377** 3D Reconstruction
- 74177/76377 Urogram (w)
- 74178/76377 Urogram (w/wo)
- Other \_\_\_\_\_

**CTA w/ Contrast**

- 70498 Carotid (w)
- 71275 Chest (w)
- 70496 Head (w/wo)
- 74175 Abdomen
- 74174 Abdomen/Pelvis (w/wo)
- 72191 Pelvis
- 75635 Extremity Run-off \_\_\_\_\_ upper \_\_\_\_\_ lower
- Other \_\_\_\_\_

**PET/CT**

**A9552 F-18 FDG PET/CT**

- 78815 PET/CT Skull Base to Mid Thigh
- 78816 PET/CT Whole Body (Melanoma only)
- 78608 FDG PET Brain Imaging

**A4641/G0235-Required for Amyvid Studies**

- 78814 PET/CT Brain-Amyvid (Alzheimer's)

**A9580 NaF Bone Scan**

- 78816 PET/CT NaF Bone Scan Whole Body

**ABN** may be required if diagnosis is NOT listed on National Coverage Determination provided by Medicare

**Nuclear Medicine**

- 78305 Bone Scan Limited (multi areas)
- 78306 Bone Scan Whole Body
- 78300 Bone Scan Limited (single area)
- 78315 3 Phase Bone Scan
- 78320 Spect Bone
- 78264 Gastric Emptying
- 78227 HIDA-Hepatobiliary w/EF
- 78226 HIDA-Hepatobiliary (wo) EF
- 78215 Liver/Spleen
- 78205 Liver SPECT - Hemangioma Scan
- 78290 Meckels Scan
- 78472 MUGA Scan
- 78070 Parathyroid Scan
- 78707 Renal Scan
- 78708 Renal Scan  Captopril (or)  Lasix
- 78014 Thyroid Uptake & Scan I-123

**(Write-in Required) Diagnosis Code:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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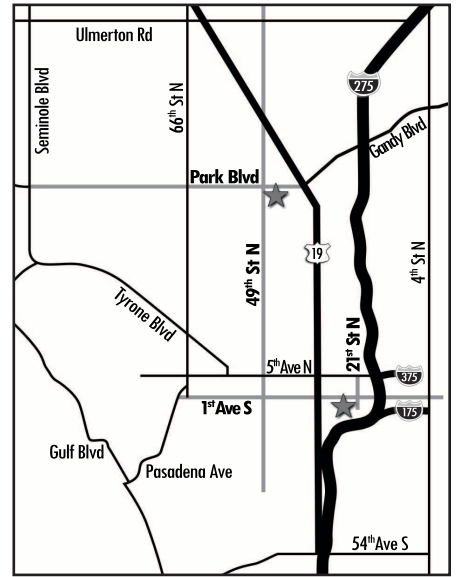
Patient Name \_\_\_\_\_  
 DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_\_  
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**Digital X-RAY  L  R**

- 74020 Abdomen Flat/Upright (2v)
- 74000 Abdomen (KUB)
- 74022 Acute Abd Series (2v) + PA Chest
- 73610 Ankle Complete (3v)
- 77075 Bone/Skeletal Survey Study
- 73650 Calcaneus (2v)
- 72050 Cervical (4v)
- 71020 Chest PA & LAT (2v)
- 73000 Clavicle (2v)
- 72052 Davis Series (6v+1)
- 73080 Elbow (3v)
- 73552 Femur (2v)
- 73140 Finger (3v)
- 73630 Foot (3v)
- 73090 Forearm (2v)
- 73130 Hand (3v)
- 73502 Hip (2v)
- 73522 Hip B/L (2v) w/ AP Pelvis
- 73060 Humerus (2v)
- 73562 Knee (3v)
- 74000 KUB
- 72110 Lumbar (4v)
- 72170 Pelvis (1-2v)
- 71100 Rib - Uni min (2v) \_\_\_L \_\_\_R
- 71101 Rib - Uni w/ PA Chest min (min 3v) \_\_\_L \_\_\_R
- 71110 Ribs - Bilat Ribs
- 71111 Bilat Ribs w/ a PA Chest
- 72220 Sacrum/Coccyx (3v)
- 73030 Shoulder Complete (2v minimum)
- 72202 S.I. Joints Bilat (3v)
- 70220 Sinus (3v)
- 72074 Thoracic (4v)
- 73590 Tibia/Fibula (2v)
- 73110 Wrist (3v)
- Other \_\_\_\_\_

**Ultrasound**

- 93978 Abdomen Aorta
  - 76700 Abdominal Complete
  - 76705 Abdominal Limited  
 \_\_\_RUQ \_\_\_GB \_\_\_Liver \_\_\_LUQ
  - 93880 Carotid
  - 93306 Echocardiogram
  - 76882 Extremity Nonvascular Limited
  - 76801 Fetal OB < 1<sup>st</sup> Tri
  - 76805 Fetal OB > 2<sup>nd</sup> Tri
  - 76775 Kidneys (only)
  - 93925/93922 Lower Ext. Arterial **Bil w/ABI**
  - 93926/93922 Lower Ext. Arterial **Uni w/ABI**  
 \_\_\_ Left \_\_\_ Right
  - 99930 Upper Ext. Arterial Bilateral
  - 93931 Upper Ext. Arterial Uni/Limited  
 \_\_\_ Left \_\_\_ Right
  - 93976 Liver/Portal Vein Doppler
  - 93975 Renal Arterial
  - 76770 Retroperitoneal Complete  
 (Kidneys/Aorta/Bladder)
  - 76536 Thyroid
  - 93970 Venous Insufficiency/Varicose Vein
  - 93970 Venous Ext. Bilat (Rule Out DVT)  
 \_\_\_ Upper \_\_\_ Lower
  - 93971 Venous Ext. Uni \_\_\_L \_\_\_R  
 \_\_\_ Upper \_\_\_ Lower
- Other \_\_\_\_\_
- Male**
- 76857 Pelvic Lmt. - Male
  - 76870/93976 Testicular w/Doppler
- Female**
- 76856 Pelvic Complete - Female Only
  - 76830 Transvaginal
  - G0389 Abdominal Aorta AAA Screening



**Complete Breast Imaging Mammography**

- Screening with Implants - Female Only
- Diagnostic with Implants
- G0202/77052 Screening Mammo - Female Only
- G0204/77051 Bilateral Diagnostic Mammogram
- G0206/77051 Unilateral Diagnostic Mammogram  
 \_\_\_L \_\_\_R

**Ultrasound**

- 76641 Breast \_\_\_L \_\_\_R \_\_\_Bilat

**3T MRI**

- 77058 Breast MRI Uni (w) and/or (wo)  
 \_\_\_L \_\_\_R
- 77059 Breast MRI Bilat (w) and/or (wo)

**Evaluation of Symptomatic Patient**

- 611.72 Palpable Mass/Lump
- 611.89 Breast Density
- 793.80 Abnormal Screening Mammogram
- 611.79 Nipple Discharge
- 611.71 Breast Pain
- V16.3 Family History of Breast Cancer

**DXA SCAN**

- 77080 DXA-Bone Density

**Must Mark Diagnosis Below**

- 733.90 Osteopenia
- 733.00 Osteoporosis
- 627.2 Peri-Menopausal

(Write-in Required) Diagnosis Code: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**Preparation Instructions:**

- MRCP:** Nothing to eat 4 hours prior.
- CT:** Any study with I.V. contrast (Iodine) ONLY clear liquids 2 hours prior to test.
- Mammogram:** No deodorant, perfume, powder, lotion or creams.
- Upper Abdomen Ultrasound:** No food or drink after midnight or 6 hours prior.
- Pelvic and Bladder Ultrasound:** Full Bladder; Patient must complete 32 oz. water prior & hold until exam is completed.
- Any Obstetric:** Requires Full Bladder.
- Nuc Med:** Gastric and Hida Scan; NO food, drink pain meds or narcotics 4 hours prior to appt.
- Nuc Med:** No CT contrast w/Iodine 6 weeks prior to Thyroid Uptake & Scan.
- CAPTOPRIL:** Discontinue ACE inhibitors 48 hours to exam.
- PET/CT:** Go to www.gatewayradiology.com for specific instructions. Fast, except water, 4 hours prior to appointment. A high protein/low carbohydrate/low sugar diet the day before (and morning of) the exam will improve the quality of the PET scan. Any exercise, especially jogging or weightlifting, should be avoided 24-48 hours prior to appointment. Injected insulin should be avoided. Please call for full details.

**IR Clinic Department Only**  
**Office: (727) 522-5800**  
**Fax: (727) 233-0299**  
**Fax: (727) 350-4373**

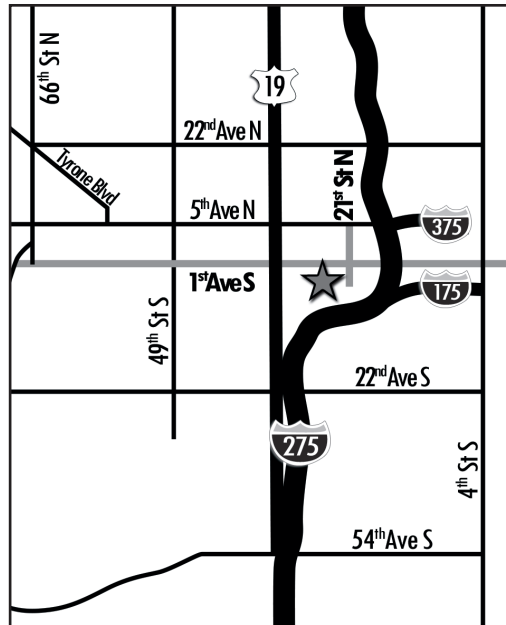


2100 1<sup>st</sup> Ave. South • St. Petersburg, FL 33712

Patient Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pt. Cell #: (\_\_\_\_) \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Ordering Physician (print): \_\_\_\_\_  
 Physician Ph: (\_\_\_\_) \_\_\_\_\_ Physician Fax: (\_\_\_\_) \_\_\_\_\_

**INTERVENTIONAL  
 RADIOLOGY  
 PROCEDURES**

**Diagnosis Code (Required):** \_\_\_\_\_  
 \_\_\_\_\_



**Treatment Side:** \_\_\_ Left \_\_\_ Right \_\_\_ Bilateral

**ARTERIAL\***

- Aortogram w/Run Off \_\_\_ with Intervention
- Atherectomy / Angioplasty / Stent Placement
- Lower Extremity \_\_\_L \_\_\_R \_\_\_ Bilat
- Upper Extremity \_\_\_L \_\_\_R \_\_\_ Bilat
- Mesenteric \_\_\_ with Intervention
- Renal: \_\_\_Uni \_\_\_Bilat \_\_\_ with Intervention

**VENOUS\***

- Inferior Vena Cavagram 36010/75825/76937/77001
- w/IVC Filter Placement 36010/37191/75825/76937/77001
- w/IVC Filter Removal 36010/37193/75825/76937/77001
- Superior Vena Cavagram 36010/75827/76937/77001
- Lower Extremity \_\_\_L \_\_\_R \_\_\_ Bilat
- Upper Extremity \_\_\_L \_\_\_R \_\_\_ Bilat

**PICC / PORT\***

- PICC Placement 36569/76937/77001/71020
- PICC Removal 99211/99212 (will use only one)
- PICC Replacement 36584/76937/77001/71020
- PORT Placement 36561/76937/77001/36598
- PORT Removal 36590/36598/76937/77001
- PORT Replacement 36590/36561/36598/76937/77001
- PICC/PORT Flush 96523/36593
- Portogram/Port Patency Check 36598

**DIALYSIS INTERVENTION\***

- A/V Shuntogram/Fistulogram \_\_\_ with Intervention
- Tunneled Dialysis Catheter Insertion
- Temporary Dialysis Catheter Insertion
- Dialysis Catheter Patency Check
- Dialysis Catheter Exchange
- Dialysis Catheter Removal

**URINARY\***

- Nephrostomy Tube Placement 50432
- Nephrostomy Tube Removal 50430
- Nephrostomy Tube Change 50435
- Nephrostogram through an existing tube 50431
- Ureteral Stent Placement
- Ureteral Stent Removal

**GASTRO INTESTINAL\***

- Gastrostomy Tube Placement 49440
- Gastrostomy Tube Exchange 49450
- Gastrostomy Tube Complete Replacement 49440
- Gastrostomy Tube Patency Check 49465

**PAIN MANAGEMENT\***

- ESI Cervical / Thoracic 77012/62310/64479/64480
- ESI Lumbar / Sacral 77012/62311/64483/64484
- Hip Injection - Major Joint 20610/77012
- Sacroiliac Joint (SI) Injection 27096/77012

**KYPHOPLASTY\***

- Thoracic 22513
- Lumbar 22514
- Additional Level 22515

**CT MYELOGRAM\*\***

- Lumbar 62304/72132/72265

**MRI ARTHROGRAM\*\***

- Shoulder 77012/73201/23350/73222
- Hip 77012/73701/27093/73722
- Knee 77012/73701/27370/73722

**MRI GUIDED BIOPSY\*\***

- Breast 19085/19086

**CT GUIDED BIOPSY\*\***

- Liver 77012/47000
- Lung 77012/32405/71010 (x3)
- Renal 77012/50200/10022
- Retroperitoneal 77012/49180
- Adrenal Gland 77012/49180

**ULTRASOUND GUIDED BIOPSY\*\***

- Breast / Aspiration 19083/19084/10022
- Retroperitoneal 76942/49180
- Liver 76942/47000
- Thyroid 76942/60100/10022

**ULTRASOUND GUIDED PROCEDURES\*\***

- Paracentesis 49083
- Thoracentesis 32555/71010 (x3)

**VENOUS ABLATION**

- US Venous Insufficiency w/ABI 93970/93922

**Direct Scheduling:**  
**Ph: (727) 525-2121 Ext. 1265**  
**Fax: (727) 233-0299**

**■ P.O. Sedation**  
**(Radiologist Discretion)**

**Contact person for code add-ons:**

**Name:** \_\_\_\_\_  
**Ext.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

SEE REVERSE SIDE FOR TEST PREP (\*, \*\*) SCHEDULING INSTRUCTIONS AND FLUID TESTING REQUIREMENTS.

**\* TEST PREP: ANGIO PROCEDURES**

- Patient Must be NPO 8 Hours Prior
- NO Blood Thinners / NO Aspirin / NO NSAIDS 5 days Prior to Procedure.
- Patient Must be Accompanied by a Driver.

**\*\* TEST PREP: BIOPSY PROCEDURES**

- Patient Must be Accompanied by a Driver
- Patient Must be NPO 2 Hours Prior
- NO Blood Thinners / NO Aspirin / NO NSAIDS 5 days Prior to Procedure
- Pathology According to Insurance

**Special Procedures Scheduling Process:**

- Contact our IR Clinical Coordinator to schedule a patient consultation (522-5800).
- Fax Rx order with check-listed items below to expedite the scheduling request.
- Patient Consultation provides: Record Review, Prior Imaging Review, \*Lab Draw, Procedure Scheduling with Prep Review, and Estimated Payment Overview.
- Prior Imaging & Reports performed at an outside facility MUST be provided prior to consultation OR no later than the scheduled consultation date.
- Referring physician office obtains Authorization 48 hours prior to procedure.

**Referring Physician Required To Supply:**

- Prescription Order with Clinical Diagnosis Codes
- Demos, Patient Medical History including Medications / Allergies
- Prior Imaging & Reports for Radiologist Review
- Labs: CBC, CMP and PT/INR \*Drawn within 7 days of Procedure
- Insurance Authorization
- \*Lab Order for Bloodwork
- \*Diagnostic Fluid Testing Order for Paracentesis & Thoracentesis

**IR CLINICAL COORDINATOR:**

- Ph: (727) 522-5800
- Fax: (727) 233-0299
- Fax: (727) 350-4373

**GATEWAY ANGIO-LAB:**

2100 1<sup>st</sup> Ave S  
St. Petersburg 33712



Tax ID # 59-1634310  
 Pinellas Park (PP) NPI# 1922051333  
 St. Pete (SP) NPI # 1558707679  
 Schedule: 727-525-2121  
 Fax: 727-526-5872

**Insurance**

Auto Insurance	PP + SP
Accountable	PP + SP
Advantra	PP + SP
Aetna	PP + SP
AmeriGroup	PP + SP- <i>Imaging only in SP</i>
Assurant Health	PP + SP
AvMed	PP + SP
Beech Street	PP + SP
Blue Cross Blue Shield- All Products	PP + SP
CarePlus	PP + SP
Care IQ	PP + SP
CCN	PP + SP
Cigna- No BayCare Network	PP + SP
Champa VA	PP + SP
Children's Medical Services (CMS)	PP + SP- <i>AKA Ped-I Care</i>
Core Choice	SP
Coventry	PP + SP
Cypress Care	PP + SP
Devon	PP + SP
Evicore	PP + SP
Evolutions	PP + SP
Focus Healthcare	PP + SP
First Health	PP + SP
Freedom Health	PP + SP
GHI Primary & 1 <sup>st</sup> Health Network	PP + SP
Great West- No BayCare Network	PP + SP
Hospice	PP + SP
Humana	PP + SP
IGS Health Services	PP + SP
Independent Medical Systems	PP + SP
Interplan	PP + SP
Integrated Health Plans	PP + SP
Magellan/ NIA	PP- <i>NO ECHO</i>
Magellan/ NIA	SP- <i>CT &amp; ECHO ONLY</i>

**Insurance**

Mailhandlers	PP + SP
MDIA	PP + SP
Medfocus	PP + SP
Medicaid- FL Only	PP + SP
Medicare	PP + SP
Med Link	PP + SP
Molina	PP
Multiplan- No BayCare Network	PP
My Matrixx	PP + SP
Occunet Network	PP
One Call	PP + SP
Optimum	PP + SP
Oxford	PP + SP
Plan Vista Solutions	PP + SP
PMSI	PP + SP
PHX- Premier Healthcare Exchange	PP + SP
Prestige Health	PP
Prime Health Services (PHS)	PP + SP
Private Health Care Systems	PP + SP
RailRoad Medicare	PP + SP
Simply	PP
Staywell	PP + SP
Sunshine Health Plan	PP
Tech Health	PP
The National Radiology Ntwk.	PP
TriCare	PP + SP
United Health Care (UHC)	PP + SP
<b>**NO UHC Medicaid**</b>	
USA Managed Care	PP + SP
US Dept. of Labor/ WC	PP + SP
Vocational Rehabilitation	PP + SP
WellCare	PP + SP
Workers' Compensation	PP + SP

**We accept various other PPO plans and LOP's on a case by case basis**



Gateway   
Radiology

Phone Scheduling

727-525-2121

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**Authorizations Fax**

**727-545-7444**

General Fax

727-526-5872

Verizon Fax

727-528-6914

BrightHouse Fax

727-498-6474

Auth Email    [AuthFax@GatewayRadiology.com](mailto:AuthFax@GatewayRadiology.com)

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Special Procedures Scheduling\*

727-522-5800

Special Procedures Fax\*

727-233-0299

SP BrightHouse Fax\*

727-350-4373

SP Email\*    [BiopsyFax@GatewayRadiology.com](mailto:BiopsyFax@GatewayRadiology.com)

\*Special Procedures such as biopsies, angiography, venography, dialysis intervention, PICCs and Ports are only performed at Gateway- St. Pete. However, arthrogram and ESI procedures are performed at Gateway- Park.



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*All phone and fax lines for both locations are connected to one system.*

*GatewayRadiology.com for Reports and Images Portal Access and Online- Scheduling.*