



FOOT & ANKLE PRESCRIPTION

**PHONE (352) 684-2811
TOLL-FREE (877) 684-2811**

**FAX (352) 684-0212
TOLL-FREE (877) 684-0212**

Today's Date: _____ Appointment Date: _____ Time: _____

Patient Name: _____ Date of Birth: ____/____/____

Patient Phone: _____ Insurance: _____

Imaging of Foot / Ankle	Clinical Suspicion
<p>Check Modality of Choice</p> <p><input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> U/S (Doppler) <input type="checkbox"/> X-Ray</p> <p>Ankle <input type="checkbox"/> Lt <input type="checkbox"/> Rt</p> <p>Mid/Hind Foot <input type="checkbox"/> Lt <input type="checkbox"/> Rt</p> <p>Forefoot (metatarsal and phalanges) <input type="checkbox"/> Lt <input type="checkbox"/> Rt</p> <p>Lumbar <input type="checkbox"/> 5 view <input type="checkbox"/> 3 view</p> <p><input type="checkbox"/> PVR LE ± ABI B/L</p> <p><input type="checkbox"/> With contrast if recommended by radiologist</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Tendon</p> <p><input type="checkbox"/> Medial</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> Anterior</p> <p><input type="checkbox"/> Posterior</p> <p><input type="checkbox"/> Plantar Aponeurosis</p> <p><input type="checkbox"/> Fasciitis</p> <p><input type="checkbox"/> Tear</p> <p><input type="checkbox"/> Mass</p> <p><input type="checkbox"/> Fracture</p> <p><input type="checkbox"/> Neuropathy/Neuroma</p> <p><input type="checkbox"/> Tarsal Tunnel</p> <p><input type="checkbox"/> Ligament</p> <p><input type="checkbox"/> Medial</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> Subtalar</p> <p><input type="checkbox"/> Fibromatosis</p> <p><input type="checkbox"/> Sinus Tarsi</p> <p><input type="checkbox"/> Infection</p> <p><input type="checkbox"/> Cellulitis vs. Osteomyelitis</p> <p><input type="checkbox"/> Achilles Tendon</p> <p><input type="checkbox"/> Posterior Tibial Tendon</p> <p><input type="checkbox"/> Other: _____</p>

Please mark an X at the location of suspected pathology



Requesting Physician: _____ Phone: _____

Diagnosis / Comments: _____

Physician Signature: _____

FOOT & ANKLE ICD-10 and CPT CODES

ICD-10 CODES

FOOT

M79.67 1 Pain in Right Foot

M79.67 2 Pain in Left Foot

S93.601 A Unspecified Sprain of R Foot- Initial

S93.601 D Unspecified Sprain of R Foot- Subsequent

S93.601 S Unspecified Sprain of R Foot- Sequela

S93.602 A Unspecified Sprain of L Foot- Initial

S93.602 D Unspecified Sprain of L Foot- Subsequent

S93.602 S Unspecified Sprain of L Foot- Sequela

M25.474 Effusion of R Foot

M25.475 Effusion of L Foot

M21.371 Foot Drop of R Foot

M21.372 Foot Drop in L Foot

R22.41 Localized Swelling, Mass or Lump
Right Lower Limb

R22.42 Localized Swelling, Mass or Lump
Left Lower Limb

ANKLE

M25.571 Pain R Ankle and Joints R Foot

M25.572 Pain L Ankle and Joints L Foot

S93.401 A Sprain of Unspecified Ligament of R Ankle- Initial

S93.401 D Sprain of Unspecified Ligament of R Ankle- Subsequent

S93.401 S Sprain of Unspecified Ligament of R Ankle- Sequela

S93.402 A Sprain of Unspecified Ligament of L Ankle- Initial

S93.402 D Sprain of Unspecified Ligament of L Ankle- Subsequent

S93.402 S Sprain of Unspecified Ligament of L Ankle- Sequela

M25.471 Effusion of R Ankle

M25.472 Effusion of L Ankle

CPT CODES

MRI

73718- Low Ext Non-Joint

73719- Low Ext Non-Joint w/ contrast

73720- Low Ext Non-Joint w/wo contrast

73721- Low Ext Joint

73722- Low Ext Joint w/ contrast

73723- Low Ext Joint w/wo contrast

CT

73700- Low Extremity

73701- Low Ext w/ contrast

73702- Low Ext w/wo contrast

ULTRASOUND

76881- Ext Non-Vascular

76882- Ext Non- Vascular LTD

93925- LE Arterial BiLat

X-RAY

73600- Ankle 2V Unilateral

73610- Ankle 3V Unilateral

73620- Foot 2V Unilateral

73630- Foot 3V Unilateral



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