

Physician Web Scheduler (PWS)

Bone Densitometry

BONE DENSITY WHEELCHAIR-SPECIAL NEEDS

BONE DENSITY (DEXA SCAN)

CT

CT ABD KIDNEY ONLY-EVAL RENAL MASS

CT ABD/PEL

CT ABD/PEL HEMATURIA PROTOCOL

CT ABD/PEL KIDNEY/URETERAL STONE

CT ABDOMEN

CT CERVICAL SPINE (SPECIFY LEVELS)

CT CHEST HIGH RESOLUTION LUNG

CT CHEST WITH CONTRAST

CT CHEST WITHOUT CONTRAST

CT CHEST/ABD

CT CHEST/ABD/PEL

CT FACIAL BONES

CT HEAD WITHOUT

CT HEAD/C SPINE

CT HEAD/CHEST

CT HEAD/CHEST/ABD/PELVIS

CT HEAD/NECK

CT HEAD/NECK/CHEST/ABD

CT HEAD/NECK/CHEST/ABD/PELVIS

CT HYDRATION (MODIFY PROCEDURE)

CT LOWER EXTREMITY W/O (MODIFY RIGHT OR LEFT)

CT LUMBAR SPINE (SPECIFY LEVELS)

CT NECK ROUTINE

CT NECK/ABD/PELVIS

CT NECK/CHEST

CT NECK/CHEST/ABDOMEN

CT NECK/CHEST/ABDOMEN/PELVIS

CT NECK/FACE

CT ORBITS

CT PELVIS

CT PELVIS-BONE EVAL

CT SINUS

CT SINUS/HEAD (NEED TWO DIAGNOSIS BRAIN AND SINUS)

CT TEMPORAL BONES

CT THORACIC SPINE (SPECIFY LEVELS)

CT UPPER EXTREMITY W/O (MODIFY RIGHT OR LEFT)

CTA CAROTID ARTERIES (NECK)

CTA CHEST PULMONARY EMB PROTOCOL/P.E.

CTA CIRCLE OF WILLIS (HEAD)

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EEG

EEG (EXTENDED 1 HOUR)
EEG (ROUTINE)
EEG *SPECIAL NEEDS*
EEG AMBULATORY 24 HOUR (PRT/OUT)
EEG PEDS (CHILD 17 YEARS AND UNDER)
EEG PEDS (CHILD UNDER 24 MONTHS OLD)

Fluoroscopy

BARIUM ENEMA
BARIUM ENEMA PEDS 0-6 YRS
BARIUM ENEMA PEDS 7-16 YEARS
BARIUM ENEMA W/ AIR COLON
COLON STUDY W/GASTROGRAFIN
ESOPHAGRAM
ESOPHAGRAM W/ AIR CONTRAST
SMALL BOWEL
SNIFF TEST
UPPER GI
UPPER GI W/ AIR CONTRAST
UPPER GI W/ ESOPHAGRAM
UPPER GI W/ SMALL BOWEL
UPPER GI/ESOPHAGRAM W/ AIR CONTRAST
UPPER GI/ESOPHAGRAM W/ SMALL BOWEL
UPPER GI/ESOPHAGRAM/SM BOWEL/AIR CONSTR
UPPER GI/SMALL BOWEL W/AIR CONTRAST
VIDEO FLUOROSCOPY W/ SPEECH PATH-ADULT WITH RAD
VIDEO FLUOROSCOPY W/ SPEECH PATHY W/ ESOPHAGRAM

Mammography

MAMM BILAT/UNI SCREENING *WHEELCHAIR/SPEC NEEDS ONLY* (MODIFY)
MAMM BILATERAL SCREENING
MAMM BILATERAL SCREENING 3D
MAMM I
MAMM I 3D
MAMM SCREENING UNI LEFT
MAMM SCREENING UNI LEFT 3D
MAMM SCREENING UNI RIGHT
MAMM SCREENING UNI RIGHT 3D
MAMM TITLE 15 SCREENING

MRI

MRA HEAD
MRA NECK
MRI ABDOMEN (MODIFY ORGAN)

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MRI ABDOMEN (MRCP)
MRI BRAIN
MRI CERVICAL SPINE
MRI HAND LT
MRI HAND RT
MRI HIP LT
MRI HIP RT
MRI HIPS BIL GROUP
MRI KNEE LT
MRI KNEE RT
MRI LOWER EXTREM LT
MRI LOWER EXTREM RT
MRI LUMBAR SPINE
MRI NECK
MRI SHOULDER LT
MRI SHOULDER RT
MRI THORACIC SPINE
MRI UPPER EXTREM LT
MRI UPPER EXTREM RT
MRI WRIST LT
MRI WRIST RT

Maternity

OB MATERNITY PREPARED STAY – PHONE CALL
OB MATERNITY PREPARED STAY – VISIT
OB MATERNITY PREPARED STAY (ANESTHESIA)

Respiratory Therapy (Pulmonary Function Testing & Pulmonary Rehab)

PFT COMPLETE (SPIRO, LUNG VOL, DIFF)
PFT COMPLETE (SPIRO, LUNG VOL, DIFF) - CADILLAC
PFT COMPLETE (SPIRO, LUNG VOL, DIFF) (16 & OLDER)- GRAYLING
PFT COMPLETE W/HOME O2 QUALIFICATION
PFT COMPLETE W/METH CHALLENGE
PFT COMPLETE W/MUSCLE FORCES
PFT DIFFUSION W/LUNG VOLUME
PFT SPIROMETRY
PFT SPIROMETRY (16 & OLDER)- GRAYLING
PFT SPIROMETRY W/BRONCHODILATOR (16 & OLDER) - GRAYLING
PFT SPIROMETRY W/DLCO
PFT SPIROMETRY W/METH CHALLENGE

Therapy Evaluations

THERAPY EVAL – ACUTE GENERAL (JOINT/MUSCLE DX) PT
THERAPY EVAL – AQUATIC PHYS THERAPY (AQT)
THERAPY EVAL – FOOT ORTHOTICS (PT)
THERAPY EVAL – HAND, WRIST, ELBOW, FINGER AND/OR SPLINT (OT)
THERAPY EVAL – HAND, WRIST OR FINGER POST-SURGERY (OT)
THERAPY EVAL – INCONTINENCE &/OR PELVIC LIGAMENT LAXITY (PT)
THERAPY EVAL – LYMPHEDEMA OR S/P BREAST CANCER (PT)
THERAPY EVAL – SPEECH – ADULT PATIENT (SHP)
THERAPY EVAL – VERTIGO/BPPV/VESTIBULAR (PT)

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THERAPY EVAL – WHEELCHAIR ASSESSMENT

Ultrasound

US ABDOMEN APPENDIX
US ABDOMEN ASCITES
US ABDOMEN COMPLETE
US ABDOMEN HERNIA
US ABDOMEN LUQ
US ABDOMEN RUQ
US AORTA ABDOMINAL
US BLADDER
US EXT NON VASC LT
US EXT NON VASC RT
US FETAL BIOPHYSICAL PROF TRIP NON STRESS (MODIFY WEEKS)
US FETAL BIOPHYSICAL PROF TWINS NON STRESS (MODIFY WEEKS)
US FETAL BIOPHYSICAL PROFILE (MODIFY WEEKS)
US FOLLICULAR
US INGUINAL HERNIA LT
US INGUINAL HERNIA RT
US NECK SOFT TISSUE
US OB 1ST TRIMESTER (MODIFY WEEKS)
US OB 1ST TRIMESTER QUADS (MODIFY WEEKS)
US OB 1ST TRIMESTER TRIPLETS (MODIFY WEEKS)
US OB 1ST TRIMESTER TWINS (MODIFY WEEKS)
US OB COMPLETE (MODIFY WEEKS)
US OB COMPLETE TRIPLETS (MODIFY WEEKS)
US OB COMPLETE TWINS (MODIFY WEEKS)
US OB FOLLOW UP (MODIFY WKS)
US OB FOLLOW UP QUADS (MODIFY WKS)
US OB FOLLOW UP TRIPLETS (MODIFY WKS)
US OB FOLLOW UP TWINS (MODIFY WKS)
US OB LIMITED (MODIFY WEEKS)
US PELVIS SOFT TISSUE
US RENAL
US RENAL/BLADDER
US TESTICULAR/SCROTUM
US THYROID
US TRANSVAGINAL
USV CALF REFLUX STUDY BILAT
USV CALF REFLUX STUDY LT
USV CALF REFLUX STUDY RT
USV CAROTID
USV KIDNEY TRANSPLANT
USV LIVER DOPPLER
USV LOWER ATRERIAL NON EXERCISE
USV LOWER ATRIERIAL ABI ONLY
USV LOWER ARTERIAL ABI W/EXERCISE
USV LOWER EXT ARTERY BIL (DUPLEX SCAN)
USV LOWER EXT ARTERY LT (DUPLEX SCAN)
USV LOWER EXT ARTERY RT (DUPLEX SCAN)
USV LOWER EXT VEIN LT
USV LOWER EXT VEIN RT

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USV LOWER EXT VEINS BILAT
USV MESENTERIC DOPPLER
USV RENAL ARTERY DOPPLER
USV UPPER ARTERIAL W/ABI EXERCISE
USV UPPER EXT VEIN LT
USV UPPER EXT VEIN RT
USV UPPER EXT VEINS BILAT