Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

**Digitized X-Ray**
- Skull
- Orbits
- Facial Bones
- Nasal Bones
- Paranasal Sinuses
- Nasopharynx/Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbar Spine/Pelvis
- Pelvis
- Sacrum/Coccyx
- SI Joints
- Shoulder
- Scapula
- Clavicle
- Chest PA/LAT
- Ribs
- Sternum
- Arm/Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Finger
- Abdomen - KUB
- Abdomen - Flat/Upright
- Hip
- Knee
- Tibia/Fibula
- Ankle
- Heal/Calcaneous
- Foot
- Toe
- Skeletal Survey
- Scoliosis Series
- Other

**Digital Mamography**
3D Breast Tomosynthesis
- Screening
- Diagnostic
- Unilateral

**DEXA (Osteoporosis)**
- Bone Mineral Density
- Vertebral Fracture Assessment

**Echocardiography**
- Echocardiography with Color Doppler & Velocity Mapping

**3.0T Wide Bore MRI**
- Brain (routine)
- Brain (seizure protocol)
- Brain with DTI
- IAC'S
- Orbits (optic nerve)
- Ptalian Gland (w/o contrast)
- Sinuses
- TMJ

**1.5T Extremity MRI**
- Abdomen
- Pelvis
- Chest
- Neck
- Cerebral

**Open MRI**
- Brain (with & w/o contrast)
- Orbit's w/3D
- Temporal Bones/IAC w/3D
- Sinuses w/3D
- Sinuses w/Landmark Protocol
- Neck-Soft Tissue w/3D
- Lung w/3D
- Chest w/3D
- Abdomen/Pelvis w/3D
- Pelvis w/3D
- Cervical Spine w/3D
- Thoracic Spine w/3D
- Lumbar Spine w/3D
- Extremities w/3D

**CTA Angiography**
- CTA Head
- CTA Carotid
- CTA Chest
- CTA Abdomen Aorta

**Vascular Doppler**
- LE - (Lower Extremity) - Arterial
- UE - (Upper Extremity) - Arterial
- LE - Venous
- ABI - Ankle Brachial Indices
- Carotid
- Vertebral w/Limited Intracranial Imaging
- Abdominal Vasculature
- Other

**Functional Imaging**
- BUN
- CRE
- eGFR
- eGFR w/ & w/o contrast

**MR Angiogram**
- Carotids
- Cerebral
- Renals
- Aorta
- Lower Extremities Runoff
- (includes Abdomen, Pelvis, Lower Extremities)
- Upper Extremities Runoff
- (Chest, Arm, Forearm, Hand)
- MRCP

**MR Venography**
- Abdomen
- Pelvis
- Chest
- Neck
- Cerebral

**CT-Scan**
- Brain (seizure protocol)
- Brain (routine)
- MR Urogram (w/o contrast)
- Abdomen (w/o contrast)
- Abdomen (w/contrast)
- Pelvic Bone (w/contrast)
- Lumbar Spine w/3D
- Thoracic Spine w/3D
- Cervical Spine w/3D
- Thoracic Spine w/3D
- Lumbar Spine w/3D
- Extremities w/3D

**64 Slice CT-Scan**
- Brain
- Pituitary w/3D
- Orbits w/3D
- Temporal Bones/IAC w/3D
- Sinuses w/3D
- Sinuses w/Landmark Protocol
- Neck-Soft Tissue w/3D
- Lung w/3D
- Chest w/3D
- Abdomen/Pelvis w/3D
- Pelvis w/3D
- Cervical Spine w/3D
- Thoracic Spine w/3D
- Lumbar Spine w/3D
- Extremities w/3D

**1.5T Extremity MRI**
- Brain (routine)
- Brain (seizure protocol)
- Brain with DTI
- IAC'S
- Orbits (optic nerve)
- Ptalian Gland (w/o contrast)
- Sinuses
- TMJ

**Open MRI**
- Brain (with & w/o contrast)
- Orbit's w/3D
- Temporal Bones/IAC w/3D
- Sinuses w/3D
- Sinuses w/Landmark Protocol
- Neck-Soft Tissue w/3D
- Lung w/3D
- Chest w/3D
- Abdomen/Pelvis w/3D
- Pelvis w/3D
- Cervical Spine w/3D
- Thoracic Spine w/3D
- Lumbar Spine w/3D
- Extremities w/3D

**Endorectal Coil**
- Prostate with Multiparametric 3D (w/o contrast)
- Female Pelvis

**Digital Mamography**
- 3D Wide Bore Open MRI
- Elite Open MRI
- 1.5T Extremity Only Open MRI
- 64 Slice Low Radiation CT-Scan
- 3D Digital Mammography TOMOSYNTHESIS

**ECHOCARDIOGRAPHY**
- Echocardiography with Color Doppler & Velocity Mapping

**Images**
- XA • Mammography
- X • Mammography
- Y • Mammography
- X • Myelography
- X • Myelography

**Scheduling Hotline**
- 201.876.1111
- Rx Fax: 973.595.1002
- Dx Fax: 800.706.0381
- Email: rx@njrad.com
- NPI # 1184656829

**Special Instructions & Diagnostic Procedures Not Listed**

---

**24 Hour Notice Required for Cancellation or Changes to Your Appointment**
www.njrad.com
**PATIENTS INSTRUCTION**

**MRI / MRA (Magnetic Resonance Imaging)**
Please inform us if you have any of the following:
- Surgical Vascular Clips
- Neurostimulators
- Cochlear Implants
- Breast Tissue Expander
- IVC Filter
- Penile Implants
- Sliver Backed Dermal Patches
Do not wear eye make-up. Music available during the examination.

**PATIENTS WITH:**
- PACEMAKERS
- CEREBRAL ANEURYSM CLIPS
- FEROMETALLIC IMPLANTS
**CANNOT HAVE AN MRI EXAM PERFORMED.**

Breast MRI:
Has to be done between the 7th and 14th day after the menstrual cycle.

CT-SCAN:
Nothing to eat or drink 8 hours prior to the exam except water. Must pick up barium bottles from our office prior to the actual day of exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.

**ABDOMINAL SONOGRAM:**
Nothing to eat or drink for 8 hours prior to exam.

**OB AND PELVIC SONOGRAM:**
30 minutes before exam drink 4 large glasses of water. Do not empty bladder, full bladder required.

**DIGITAL MAMMOGRAM:**
Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam.
**Bring previous mammogram films.**

**DEXA:**
No calcium pills, vitamins with calcium or dairy products on day of exam.
No nuclear medicine studies or contrast studies day before exam.

⚠️ **ATTENTION ALL PATIENTS:**
- Please wear loose and comfortable clothing when coming in for your diagnostic exam.
- Please try not to bring any valuables when arriving for your diagnostic exams.
- Attention patients, please bring all related results and copies of studies performed.

Asthmatic or allergic patients, please pre-medicate.
Diabetic patients needing contrast, please alert our office at the time of your appointment.