

ACROMEGALY AND GIGANTISM WORKSHEET

NAME: _____ **DATE:** _____

Patient Identifier: _____ **Referring Physician:** _____

RADIOLOGY:

MRI of Sella Tercica

ROUTINE LABS:

____ CBC, CMP, Calcium ionized, GH, Lipids, Prolactin, PT, PTT, PTH, TSH

STANDARD PITUITARY LABS: SEND TO ISI (1-800-255-2873)

TEST	CPT CODES
IGF-I	84305
GH-RH (if no tumor visualized or pituitary hyperplasia on MRI)	83519
Insulin	83525

Provocative or Suppression Tests:

Oral Glucose Tolerance Test	(See Chapter 6.)	82952
Somatostatin Inhibition Test	(See Chapter 6.)	

TEST FREQUENCY: ____ **IMMEDIATELY**

Diagnosis:

Diagnosis	ICD-9 CODES
Acromegaly	253.0
Gigantism	253.0
MEN-1	258.01
Cushing's disease	255.0
Cushing's syndrome	255.0