

RADIOLOGY OUTPATIENT ORDER FORM

Attn: PATIENT - You MUST bring this form with you to the hospital. If you do not have this form, your Procedure will not be done.

Patient Information				Medical Necessity Information			
LAST NAME		First Name	MI	Sign, Symptom, or diagnosis and ICD-9 info required on all tests ordered.			
Address		City	St.	Narrative Diagnosis		ICD-9 Codes	
Social Security No.		Birthdate	Sex M F	1 _____		_____	
Primary Ins:		Pre-cert#		2 _____		_____	
VERIF. #	M	O	O	3 _____		_____	
Physician Name		ID#		4 _____		_____	
Office Phone/Contact		Fax		Code provided by		Code received by	
Appointment: Date		Time				ABN Signed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Arrival Time:		AM/PM					

COMMENTS / OTHER PROCEDURES: _____

MRI	CPT	ICD9	SPECIALS (con't)	CPT	ICD9	ULTRASOUND (con't)	CPT	ICD9	NUCLEAR MEDICINE	CPT	ICD9
<input type="checkbox"/> MRA Abdomen	74185	_____	<input type="checkbox"/> Gastrostomy Tube Insert Perc	74350	_____	<input type="checkbox"/> US Transvaginal	76830	_____	<input type="checkbox"/> Adrenal Scan	78075	_____
<input type="checkbox"/> MRA Arm	73225	_____	<input type="checkbox"/> Nephrostomy Tube Change	75984	_____	<input type="checkbox"/> US Venous Flow Bil	93970	_____	<input type="checkbox"/> Bone Scan - Limited	78300	_____
<input type="checkbox"/> MRA Femoral Art	73725	_____	<input type="checkbox"/> Nephrostomy Tube Insert	74475	_____	<input type="checkbox"/> US Venous Flow Lt Rt	93971	_____	<input type="checkbox"/> Bone Scan - 3 Phase	78315	_____
<input type="checkbox"/> MRA Head/Neck	70546	_____	<input type="checkbox"/> PICC Line Placement	75860	_____	RADIOLOGY CPT ICD9			<input type="checkbox"/> Bone Scan - Spect	78320	_____
<input type="checkbox"/> MRA Wrist Lt Rt	73221	_____	<input type="checkbox"/> PTA	75962	_____	<input type="checkbox"/> Abdomen Flat & Erect	74020	_____	<input type="checkbox"/> Bone Scan - Whole Body	78306	_____
<input type="checkbox"/> MRI Abdomen	74181	_____	<input type="checkbox"/> Renal Vein Renins	75724	_____	<input type="checkbox"/> Ankle Lt Rt	73610	_____	<input type="checkbox"/> Brain Scan	78608	_____
<input type="checkbox"/> MRI Ankle Lt Rt	73721	_____	<input type="checkbox"/> Stent Placement	75960	_____	<input type="checkbox"/> Barium Enema	74270	_____	<input type="checkbox"/> Brain - Spect	78607	_____
<input type="checkbox"/> MRI Brain w/o contrast	70551	_____	<input type="checkbox"/> Superior Vena Cavagram	75827	_____	<input type="checkbox"/> Barium Enema w/air	74280	_____	<input type="checkbox"/> Cardiac Blood Pool (MUGA)	78473	_____
<input type="checkbox"/> MRI Brain w/w contrast	70553	_____	CT CPT ICD9			<input type="checkbox"/> Barium Swallow	74220	_____	<input type="checkbox"/> Cardiac - Rest/Stress	78483	_____
<input type="checkbox"/> MRI Cardiac	75553	_____	<input type="checkbox"/> CT Angio SPECIFY:			<input type="checkbox"/> Barium Swallow, Modified	74230	_____	<input type="checkbox"/> Cardiac - Dip Thallium	78465	_____
<input type="checkbox"/> MRI Cervical w/o contrast	72141	_____	<input type="checkbox"/> CT Abdomen w/contrast	74160	_____	<input type="checkbox"/> Calcaneus	73650	_____	<input type="checkbox"/> Cardiac Infarct Scan	78469	_____
<input type="checkbox"/> MRI Cervical w/w contrast	72156	_____	<input type="checkbox"/> CT Abdomen w/o contrast	74150	_____	<input type="checkbox"/> Cervical Flex-Exten	72052	_____	<input type="checkbox"/> CSF Cysternogram	78530	_____
<input type="checkbox"/> MRI Chest	71550	_____	<input type="checkbox"/> CT Abdomen/Pelvis w/cont	74160/72193	_____	<input type="checkbox"/> Cervical Spine 5 View	72050	_____	<input type="checkbox"/> CSF Shuntogram	75809	_____
<input type="checkbox"/> MRI Elbow Lt Rt	73221	_____	<input type="checkbox"/> CT Abdomen/Pelvis w/o	74150/72192	_____	<input type="checkbox"/> Cervical Spine AP/Lat	72040	_____	<input type="checkbox"/> Gastric Emptying Study	78264	_____
<input type="checkbox"/> MRI Face, Orbit, Neck	70540	_____	<input type="checkbox"/> CT Biopsy	76360	_____	<input type="checkbox"/> Chest Fluoro	76000	_____	<input type="checkbox"/> GI Blood Scan	78278	_____
<input type="checkbox"/> MRI Knee Lt Rt	73721	_____	<input type="checkbox"/> CT Cervical w/contrast	72126	_____	<input type="checkbox"/> Chest PA/Lat	71020	_____	<input type="checkbox"/> Hepatobiliary Scan (Hidia)	78223	_____
<input type="checkbox"/> MRI Lower Extremity	73720	_____	<input type="checkbox"/> CT Cervical w/o contrast	72125	_____	<input type="checkbox"/> Chest PA only	71010	_____	<input type="checkbox"/> Hepatobiliary Scan (Hidia) w/CCK	78223	_____
<input type="checkbox"/> MRI Lumbar w/o contrast	72148	_____	<input type="checkbox"/> CT Face, Orbit	70481	_____	<input type="checkbox"/> Clavicle Lt Rt	73000	_____	<input type="checkbox"/> Liver / Spleen Scan	78215	_____
<input type="checkbox"/> MRI Lumbar w/w contrast	72158	_____	<input type="checkbox"/> CT Head w/wo contrast	70470	_____	<input type="checkbox"/> Elbow Lt Rt	73080	_____	<input type="checkbox"/> Liver Scan - Spect	78205	_____
<input type="checkbox"/> MRI Pelvis	72196	_____	<input type="checkbox"/> CT Head w/o contrast	70450	_____	<input type="checkbox"/> Femur Lt Rt	73550	_____	<input type="checkbox"/> Lung Scan - Perfusion	78580	_____
<input type="checkbox"/> MRI Shoulder Lt Rt	73221	_____	<input type="checkbox"/> CT Lower Extremity w/cont.	73701	_____	<input type="checkbox"/> Fingers Lt Rt	73140	_____	<input type="checkbox"/> Lung Scan - Ventilation	78587	_____
<input type="checkbox"/> MRI Shoulder Arth Lt Rt	73222	_____	<input type="checkbox"/> CT Lower Extremity w/o cont	73700	_____	<input type="checkbox"/> Foot Lt Rt	73630	_____	<input type="checkbox"/> Lung Soon - Vent & Perfusion	78587	_____
<input type="checkbox"/> MRI Spectroscopy	76390	_____	<input type="checkbox"/> CT Lumbar w/contrast	72132	_____	<input type="checkbox"/> Forearm Lt Rt	73090	_____	<input type="checkbox"/> Lymph Node Scan	78195	_____
<input type="checkbox"/> MRI Thoracic w/o contrast	72146	_____	<input type="checkbox"/> CT Lumbar w/o contrast	72131	_____	<input type="checkbox"/> Hand Lt Rt	73130	_____	<input type="checkbox"/> Meckels Scan	78290	_____
<input type="checkbox"/> MRI Thoracic w/w contrast	72157	_____	<input type="checkbox"/> CT Neck w/contrast	70491	_____	<input type="checkbox"/> Hip Lt Rt	73510	_____	<input type="checkbox"/> PET (Specify in Comments)	G0164	_____
<input type="checkbox"/> MRI TMJ	70336	_____	<input type="checkbox"/> CT Pelvis w/contrast	72193	_____	<input type="checkbox"/> Humerus Lt Rt	73060	_____	<input type="checkbox"/> Renal Scan - Function	78709	_____
<input type="checkbox"/> MRI Upper Extremity	73220	_____	<input type="checkbox"/> CT Pelvis w/o contrast	72192	_____	<input type="checkbox"/> IVP	74400	_____	<input type="checkbox"/> Thyroid Therapy	79000	_____
SPECIALS CPT ICD9			<input type="checkbox"/> CT Sinuses	70486	_____	<input type="checkbox"/> Knee Lt Rt	73562	_____	<input type="checkbox"/> Thyroid Mets. Whole Body	78018	_____
<input type="checkbox"/> Angio ABD Aortogram	75625	_____	<input type="checkbox"/> CT Thoracic w/contrast	72129	_____	<input type="checkbox"/> KUB	74000	_____	<input type="checkbox"/> Thyroid Imaging w/uptake	78007	_____
<input type="checkbox"/> Angio Aortic Arch	75605	_____	<input type="checkbox"/> CT Thoracic w/o	72128	_____	<input type="checkbox"/> Lumbar Flex-Exten	72120	_____	<input type="checkbox"/> Tumor Local. Whole Body	78802	_____
<input type="checkbox"/> Angio ABD/iliofem Ext Lt Rt	75630	_____	<input type="checkbox"/> CT Upper Ext w/contrast	73201	_____	<input type="checkbox"/> Lumbar Spine 5 View	72100	_____	MAMMOGRAPHY CPT ICD9		
<input type="checkbox"/> Angio ABD/iliofem Ext Lt Rt	75630	_____	<input type="checkbox"/> CT Upper Ext w/o	73200	_____	<input type="checkbox"/> Lumbar Spine AP/Lat	72100	_____	<input type="checkbox"/> Screening Mammogram Bil	76092	_____
<input type="checkbox"/> Angio Carotid Bil	75605	_____	ULTRASOUND CPT ICD9			<input type="checkbox"/> Pelvis	72170	_____	<input type="checkbox"/> Diag Mammogram Lt Rt	76090	_____
<input type="checkbox"/> Angio Carotid Lt Rt	75650	_____	<input type="checkbox"/> US Abdomen	76700	_____	<input type="checkbox"/> CT Thoracic w/contrast	72129	_____	<input type="checkbox"/> Diagnostic Mammogram Bil	76091	_____
<input type="checkbox"/> Angio Cerebral 4 Vessels	75605	_____	<input type="checkbox"/> US Aorta	93978	_____	<input type="checkbox"/> CT Thoracic w/o	72128	_____	<input type="checkbox"/> Implants - Mammogram Bil	76091	_____
<input type="checkbox"/> Angio Pulm Select Bil	75743	_____	<input type="checkbox"/> US Aspiration	76942	_____	<input type="checkbox"/> CT Upper Ext w/contrast	73201	_____	<input type="checkbox"/> Bone Density	76075	_____
<input type="checkbox"/> Angio Renal Select Bil	75724	_____	<input type="checkbox"/> US Breast Lt Rt	76645	_____	<input type="checkbox"/> CT Upper Ext w/o	73200	_____	OTHER CPT ICD9		
<input type="checkbox"/> Angio Renal Select Lt Rt	75724	_____	<input type="checkbox"/> US Biopsy	76942	_____	Physician Signature			Date/Time		
<input type="checkbox"/> Angio Thoracic Aorta	75605	_____	<input type="checkbox"/> US Carotids	93880	_____						
<input type="checkbox"/> Angio Extremity Lt Rt	75710	_____	<input type="checkbox"/> US Chest	76604	_____						
<input type="checkbox"/> Bx	76003	_____	<input type="checkbox"/> US Gallbladder	76705	_____						
<input type="checkbox"/> Discogram Lumbar	72295	_____	<input type="checkbox"/> US Liver	76705	_____						
<input type="checkbox"/> Drain Cath / Tube Change	74363	_____	<input type="checkbox"/> US Paracentesis	76942	_____						
<input type="checkbox"/> Emboliz	75894	_____	<input type="checkbox"/> US Popliteal	76880	_____						
<input type="checkbox"/> Gastrostomy Tube Change	75984	_____	<input type="checkbox"/> US Pelvis	76856	_____						
Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Certain Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.			<input type="checkbox"/> US Renal	76770	_____						
			<input type="checkbox"/> US Scrotum	76870	_____						
			<input type="checkbox"/> US Thyroid	76536	_____						
			<input type="checkbox"/> Wrist Lt Rt	73110	_____						