



Radiology Request – MRI
Scheduling 520-777-1860 Fax: 520-300-8070

Requesting Provider: _____ Prov Ph: _____ Prov Fax: _____

Patient Name: _____ DOB: _____ Contact Phone _____ Next Appt _____

Insurance: _____ Pre-auth required: Y ___ N ___ Pre-Auth # _____

Reason for exam: _____ ICD-10 Code: _____

| | | |
|--|-------------|---|
| Please answer the following questions with patient in office | | Instructions if yes: |
| Does pt have a pacemaker or defibrillator? | Y ___ N ___ | PATIENT CAN NOT HAVE MRI |
| Is patient claustrophobic? | Y ___ N ___ | Please provide patient w/ sedation meds |
| Welder/metal worker required medical attention for eye injury? | Y ___ N ___ | Order for Orbit X-Rays <input type="checkbox"/> CPT 70030 |

Diabetic patient or patients > 65 years of age and requires MRI contrast, CREATININE results within 30 days is required

| MRI EXAM | CPT | MRI EXAM | CPT |
|--|----------------|---|------------------|
| <input type="checkbox"/> Abdomen with/without contrast w/MRCP (gallbladder disease, bile duct dilation, cholangitis, biliary tumor or pancreatitis) | 74183 | <input type="checkbox"/> Hip without contrast (pain, trauma, AVN) | L ___ R___ 73721 |
| <input type="checkbox"/> Abdomen with/without contrast (liver, renal, adrenal, pancreas, spleen) | 74183 | <input type="checkbox"/> Hip with/without contrast (tumor, infection) | L ___ R___ 73723 |
| <input type="checkbox"/> MRA Abdomen with/without contrast (renal, aorta, mesenteric artery) | 74185 | <input type="checkbox"/> Femur without contrast (pain, trauma) | L ___ R___ 73718 |
| <input type="checkbox"/> MRA Upper Extremity with/without contrast | 73225 | <input type="checkbox"/> Knee without contrast (pain, trauma, AVN) | L ___ R___ 73721 |
| <input type="checkbox"/> MRA Aorta with lower ext runoff with/without contrast | 74185 73725 | <input type="checkbox"/> Knee with/without contrast (tumor, infection) | L ___ R___ 73723 |
| <input type="checkbox"/> MRA Lower Extremity with/without contrast | 73725 | <input type="checkbox"/> Tib/Fib without (pain, trauma) | L ___ R___ 73718 |
| <input type="checkbox"/> MRA or MRV Head without contrast | 70544 | <input type="checkbox"/> Ankle without contrast (pain, trauma, AVN) | L ___ R___ 73721 |
| <input type="checkbox"/> MRA Neck with contrast (carotid, vertebrobasilar insufficiency) | 70548 | <input type="checkbox"/> Ankle with/without contrast (tumor, infection) | L ___ R___ 73723 |
| <input type="checkbox"/> MRA Neck without contrast (in patient with GFR < 30) | 70547 | <input type="checkbox"/> Foot without contrast (pain, trauma) | L ___ R___ 73718 |
| <input type="checkbox"/> Brain with/without contrast (headache, seizure, pituitary, hearing loss, tumor, infection, multiple sclerosis) | 70553 | <input type="checkbox"/> Foot with/without contrast (tumor, infection) | L ___ R___ 73720 |
| <input type="checkbox"/> Brain without contrast (headache, stroke, dementia, or any other indication in patient with GFR < 30) | 70551 | <input type="checkbox"/> Shoulder without contrast (pain, trauma, AVN) | L ___ R___ 73221 |
| <input type="checkbox"/> Brachial Plexus with/without contrast | 73220 | <input type="checkbox"/> Shoulder with/without contrast (tumor, infection) | L ___ R___ 73223 |
| <input type="checkbox"/> Orbit/Face/Sinus or Soft Tissue Neck with/without contrast | 70543 | <input type="checkbox"/> Humerus without contrast (pain, trauma) | L ___ R___ 73218 |
| <input type="checkbox"/> Cervical without contrast | 72141 | <input type="checkbox"/> Elbow without contrast (pain, trauma, AVN) | L ___ R___ 73221 |
| <input type="checkbox"/> Cervical with/without contrast (MS, myelopathy, tumor, infection, history of cancer) | 72156 | <input type="checkbox"/> Elbow with/without contrast (tumor, infection) | L ___ R___ 73223 |
| <input type="checkbox"/> Thoracic without contrast | 72146 | <input type="checkbox"/> Forearm without contrast (pain, trauma) | L ___ R___ 73218 |
| <input type="checkbox"/> Thoracic with/without contrast (MS, myelopathy, tumor, infection, history of cancer) | 72157 | <input type="checkbox"/> Wrist without contrast (pain, trauma, AVN) | L ___ R___ 73221 |
| <input type="checkbox"/> Lumbar with/without contrast (Back surgery, tumor, infection, history of cancer) | 72158 | <input type="checkbox"/> Wrist with/without contrast (tumor, infection) | L ___ R___ 73223 |
| <input type="checkbox"/> Lumbar without contrast | 72148 | <input type="checkbox"/> Hand without contrast (pain, trauma) | L ___ R___ 73218 |
| <input type="checkbox"/> Sacrum/ Coccyx or SI joints without contrast | 72195 | <input type="checkbox"/> Hand with/without contrast (tumor, infection) | L ___ R___ 73220 |
| <input type="checkbox"/> Pelvis with/without contrast (adenomyosis, dermoid, fibroid, infection or tumor, cervical uterine or vaginal cancer, ovarian disease, post menopausal bleeding) | 72197 | <input type="checkbox"/> Breast with/without contrast (Dense breast in high risk pt, palpable mass with negative mammo/sonography, positive biopsy evaluate for extent or to evaluate for possible disease in other breast, possible mass in patient with implants) | 77059 |
| <input type="checkbox"/> Other: _____ | | | |

STAT Read Y** Require cell phone, pager or backline number : _____ Special Instruction: Hold patient Give CD to patient

Provider Signature: _____ Date: _____