

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ SS# _____
 Patient Phone: _____ Male / Female (circle) Date/Time of Exam: _____

INSURANCE INFORMATION

FOR HPRHS USE:

Primary Insurance Company: _____ Type: _____ %: _____
 Policy #: _____ Group #: _____ Ded: _____ Met: _____
 Secondary Insurance Company: _____ OOP: _____ Met: _____
 Policy #: _____ Group #: _____ PAC: _____ PreEx: _____
 PreAuth/PreCert/Notif/N/A (Circle) # _____ Carryover: _____

REASON FOR TESTING & ICD 10 CODE *THESE ARE REQUIRED*

Reason for Exam: _____ ICD 10 Code: _____

Do not use: Rule out, Pre-Op, History of, Questionable, Possible, Assess, Follow-up

✓ Exam	CPT(s)	✓ Exam	CPT(s)	✓ Exam	CPT(s)
CT		MRI MRI		Diagnostic (X-Ray) *Circle Left or Right*	
CCTA Arteries & calcium score	75574	MRI Abdomen with & without IV contrast	74183	XR Abd series Flat & Upright/Chest	74022
CT Abdomen and Pelvis without IV cxt	74176	MRI Abdomen without contrast	74181	XR Ankle 3 view L or R	73610
CT Abdomen and Pelvis with IV cxt	74177	MRI Ankle JT without contrast	73721	XR Cervical Spine min 4 view	72050
CT Abdomen with IV contrast	74160	MRI Brain with & without IV contrast	70553	XR Chest 1 view	71010
CT Cervical Spine without IV contrast	72125	MRI Brain without IV contrast	70551	XR Chest 2 view	71020
CT Chest scan without IV contrast	71250	MRI Cervical Spine with & without contrast	72156	XR Foot min 3 view L or R	73630
CT Chest with IV contrast	71260	MRI Cervical Spine without contrast	72141	XR Hand min 3 view L or R	73130
CT Enterography	74177	MRA Head ICV without IV contrast	70544	XR Hip min 2 view L or R	73510
CT Head without IV contrast	70450	MRI Hip JT without contrast	73721	XR Knee 1-2 view pain L or R	73560
CT Liver Biopsy	47000 77012	MRI Knee JT without contrast	73721	XR Knee 4 view injury L or R	73564
CT Lumbar Spine without IV contrast	72131	MRI Knee without contrast	73718	XR Lumbar Spine min 4 view	72110
CT Lung/Mediastinum Biopsy	32405 77012	MRI Lumbar Spine with & without IV contrast	72158	XR Ribs min 4 view(includes PA CXR)	71111
CT Maxillofacial without IV contrast	70486	MRI Lumbar Spine without IV contrast	72148	XR Shoulder min 2 views L or R	73030
CT Pelvis with IV contrast	72193	MRI Pelvis with & without IV contrast	72197	XR Thoracic spine 3 view	72072
CT Pelvis without IV contrast	72192	MRI Pelvis without contrast	72195	XR Wrist min 3 view L or R	73110
CT Soft Tissue Neck with IV contrast	70491	MRI Shoulder arthrogram w/ contrast	73222	Ba Enema w/ air	74280
CT Virtual Colonoscopy	74261	MRI Shoulder JT without contrast	73221	Ba Swallow	74220
CTA Abdomen	74175	MRI Thoracic Spine/Cord without contrast	72146	Modified Ba Swallow	74230
CTA Chest non-coronary	71275	MRI Thoracic with & without contrast	72157	Small Bowel	74250
CTA Head scan	70496	MRI Wrist arthrogram w/ contrast	73222	UGI w/ air	74247
CTA Abdomen and Pelvis	74174	Other _____		UGI w/ air w/ Small Bowel	74249
CT Low Dose Lung Cancer Screeing	S8032	Other _____		VCUG	74455
Other _____		Other _____		Other _____	
Special Procedures~ Interventional Radiology		Ultrasound *Circle Left or Right*		Nuclear Medicine	
PICC Line	36569 77001 76942	US Abdomen Complete (Liver, gallbladder, biliary, pancreas, aorta, IVC, spleen and kidneys)	76700	NM Whole Body Bone scan	78306
Existing CVC Inject with Flurosc	36598	US Limited Abdomen-list organ_____	76705	Nuclear Cardiac Stress Test	78452
Hip Injection	20610 77002	US Retroperiotenal Lmtd-list organ_____	76770	NM Multi Bone Scan	78305
Lumbar Kyphoplasty	22514	US Liver biopsy	76942 47000	NM 3 phase Bone Scan	78315
Nephrostogram	74425 50394	US Paracentesis with US guide	49083	NM Gastric Emptying	78264
Nephrostomy Tube change	50398 75984	US Pelvic and Transvaginal	76856 76830	NM Liver/Spleen Scan	78215
Permcath Removal	36590	US Testicular/scrotum (includes Doppler)	76870 93975	NM Parathyroid Scan w/spect	78071
Thoracic Kyphoplasty	22513	US Thoracentesis with US guide	32555	NM SPECT Bone Scan	78320
Central Chest Port Placement	36561/ 77001	US Thyroid Gland	76536	NM Thyroid- Uptake & Scan	78014
Other _____		US Thyroid FNA	76942 10022	NM Thyroid Ablation	79005
Mammography *Circle Left or Right*		US Breast, Limited, Unilateral L or R	76642	NM Renal Scan- Lasix	78709
Screening	77057	US Breast, Limited, Bilateral	76642	NM Hepatobiliary- EF / No EF	78227/78226
Diagnostic, Unilateral L or R	77055	Other _____		Other _____	
Diagnostic, Bilateral	77056	Other _____		Other _____	
Other _____		Other _____		Other _____	

PHYSICIAN SIGNATURE: _____ DATE: _____

Please print physician's name: _____ Office phone #: _____

Call Report/Hold Patient Call Report/Release Patient Send CD/ Images w/ Pt.