

**MMH Physician's Orders for
Diagnostics**



Place Patient Label
Inside This Box

To ORDER: Circle the Test Number & Insert ICD-10 Code, For Test with a "#", **Please CALL for an appointment:** Cardiopulmonary & Imaging 1-(866)-415-2778; For Lab (910)-571-5230. **AVOID DELAYS! SEND ORIGINAL ORDER with patient. Fax CARDIO & IMAGING orders to (910) 715-1177; Fax LAB Orders to (910) 571-5293**

Name:	Sex:	Date of Birth:	Age:
<input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM		PreCert/Auth#:	Physician Fax#:
Physician Phone#	Print Name of Physician:		
Physician Signature (Required)		Date/Time (Required):	
SPECIMEN COLLECTION INFORMATION: (REQUIRED) <input type="checkbox"/> STAT <input type="checkbox"/> FASTING	DATE AND TIME COLLECTED:	ANTIBIOTIC/ANTICOAGULANT THERAPY:	COLLECTOR'S INITIALS:

Decision Support (AUC) Effective Jan 1, 2023, PAMA Mandate requirements. Please provide information below.

Session ID:	Score:	Vendor/G-code:	Adherence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NCA (No Criteria Avail)
Hardship Exception: <input type="checkbox"/> Emergent Medical Condition <input type="checkbox"/> No Internet <input type="checkbox"/> No HER/qCDSM or Technical Issue <input type="checkbox"/> Uncontrollable Circumstances <input type="checkbox"/> Missing Info			

CPT	CARDIOPULMONARY	Dx code	CPT	RADIOLOGY continued	Dx code	CPT	CAT SCAN	Dx code	CPT	ULTRASOUND	Dx code
1230	# EKG		72100	L Spine - 3 views		72131	# L Spine w/o cntr		93971	# Venous/ext./Unilateral/Upper (DVT) <input type="checkbox"/> L <input type="checkbox"/> R	
1000	# Holter Monitor-specify hrs <input type="checkbox"/> 24hrs <input type="checkbox"/> 48 hrs		72110	L Spine - 5 views Routine		72132	# L Spine w/ cntr				
1210	# Exercise Stress Test		77067	# Screening Mammogram		70490	# Neck w/o cntr		93971	# Venous/ext./Unilateral/Lower (DVT) <input type="checkbox"/> L <input type="checkbox"/> R	
1222	# Echocardiogram w/ Doppler/Color Flow		77066	# Mammogram/Bil. w/problem or history of breast cancer		72192	# Pelvis w/o cntr		CPT	LABORATORY	Dx code
10145	# ABG FIO ₂ _____		77065	# Mammogram Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R		72193	# Pelvis w/ cntr		15480	CBC	
1010	# Pulse Oximetry FIO ₂ _____		77067	# Mammogram Screen Unilateral <input type="checkbox"/> L <input type="checkbox"/> R		72194	# Pelvis w/ & w/o cntr		15235	Platelet Count	
1190	# Pulse Ox Continuous Overnight FIO ₂ _____		72170	Pelvis		70480	# Sella, Middle Ear, Orbit, Iac's		15685	White Blood Count	
430	# PFT (Pulmonary Function Test)		73521	Pelvis with Hip		70486	# Sinuses		15410	Retic Count	
700	# PFT Pre & Post (Pulmonary Function Test)		71100	Ribs Unilateral 2 views		72128	# T Spine w/o cntr		30200	Basic Metabolic Panel	
	Medication and dosage _____		71101	Ribs Unilateral w PA CXR		72129	# T Spine w/ cntr		30210	Hepatic Function Panel	
295	# Peak Flow		1111	Ribs Bilateral w PA CXR		73200	# Upper Extremity w/o cntr		35055	Lipid Panel	
110	# Hand-held Nebulizer		72220	Sacrum & Coccyx		73201	# Upper Extremity w/ cntr		30625	Electrolyte Panel	
	Medication and dosage _____		73010	Scapula		73202	# Upper Extremity w/ & w/o		31255	Potassium	
1150	# MDI - Instruction		73030	Shoulder/Routine					30140	Amylase	
	Medication and dosage _____		70220	Sinuses Paranasal/Routine		CPT	ULTRASOUND	Dx code	30790	# Glucose, Fasting	
1060	# Suction Procedure		70210	Sinuses Water		76819	# Biophysical Profile		30793	# Glucose Challenge Test (50g dose)	
			70260	Skull Complete		76641	# Breast Unltrl Complete		30810	# 3 Hour Glucose Tolerance	
			71120	Sternum		76642	# Breast Bil Complete		40112	Hemoglobin A, C	
CPT	RADIOLOGY	Dx code	70330	Temporal Mandibular Joints		76642	# Breast Bil Limited		30315	Bun	
74018	Abdomen-1 view/KUB		72070	Thoracic Spine		73880	# Carotid		30510	Creatinine	
74019	Abdomen-2 view Flat & Upright		73590	Tibia & Fibula		76882	# Nonvascular Limited Site specific		21375	Protine/INR	
74022	Acute Abd 3vs series		73660	Toe		76816	# OB Follow-up		21385	PTT	
73610	Ankle 3 views		73110	Wrist		76536	# Thyroid		31090	Lithium	
77080	# Bone Density		70110	Mandible		76700	# Abd comp. (liver/GB/Pancreas, aorta, kidneys, spleen, common bile duct)		30343	Tegretol	
73650	Calcaneus/Heel		70160	Nasal Bones		76705	# Lmt Abd (RUQ or LUQ)		30592	Valproic Acid	
71045	Chest PA		76536	Neck-soft tissue			# Appendix		41545	TSH	
71046	Chest PA & Lat		72082	Scoliosis Series			# Abdomen wall/groin		47060	T3 Uptake	
73000	Clavicle					76770	# Com Retroperitoneum (Kidneys, Bladder)		47056	T4	
72040	C Spine - 3 views		CPT	CAT SCAN	Dx code		# Com Retroperitoneum (kidneys, aorta, iliacs, IVC)		61415	RA Factor	
72050	C Spine - 5 views Routine		74176	# Abd. Pelvis w/o cntr		76770	# Com Retroperitoneum		60170	ANA	
72052	C Spine = / > 6 views w/ flexion extension		74177	# Abd. Pelvis w/ cntr		76775	# Lmt. Retroperi. Abd (Aorta or Kidney/bladder)		76549	Ova & Parasites	
73070	Elbow - 2 views *		74178	# Abd. Pelvis w/ & w/o cntr			# Screening AAA		80410	C Difficile Toxin B	
73080	Elbow w Obliques Routine		74160	# Abd. w/ cntr		76706	# U.S.-OB> = 14 wks gl/1 st		51010	Urinalysis	
70150	Facial Bones		74150	# Abd. w/o cntr		76805	# OB Endo Vaginal		51265	Pregnancy, Urine	
73552	Femur		74170	# Abd. w/ & w/o cntr		76856	# Pelvic Complete/ Endo Vaginal		60843	Pregnancy, Serum, Qual.	
73140	Finger		72127	# C Spine w/ & w/o cntr			# Non OB Endo Vaginal		40845	Pregnancy, Serum, Quant.	
73630	Foot		72126	# C Spine w/ cntr		76817	# OB Endo Vaginal			ROUTINE CULTURE	Dx code
73090	Forearm		72125	# C Spine w/o cntr		76856	# Pelvic Complete/ Endo Vaginal			() Culture (Source _____)	
73130	Hand		71260	# Chest w/ cntr			# OB Endo Vaginal			() Identification & Sensitivity if Indicated	
73502	Hip		71250	# Chest w/o cntr		76830	# Non OB Endo Vaginal			COMMENTS	
73060	Humerus		71275	# CTA Chest w/ & w/o cntr (Pulmonary Embolus)		76870	# Testicular				
74400	IVP Routine		70486	# Facial Bones		93970	# Venous/ext./ Bil /Lower (DVT)				
73560	Knee - 1 or 2 views		70450	# Head Scan w/o cntr			# Venous/ext./ Bil /Upper (DVT)				
73562	Knee - 3 views		70470	# Head Scan w/ & w/o cntr							
73564	Knee Complete (Trauma)		73700	# Lower Extremity							

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Page 2 of 2**

TO ORDER MRI OR NUCLEAR MEDICINE TEST: COMPLETELY FILL IN TOP PART. CIRCLE THE TEST NUMBER AND INSERT ICD-10 CODE. FOR TEST WITH A “#” SIGN, PLEASE CALL FOR AN APPOINTMENT: IMAGING 1-866-415-2778

Name:	Sex:	Date of Birth:	Age:
<input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM		PreCert/Auth#:	Physician Fax#:
Physician Phone#	Print Name of Physician:		
Physician Signature (Required) _____		Date/Time (Required): _____	

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Is patient claustrophobic or over 300lbs? Yes No

MRI INSTRUCTIONS	CPT	MRI	Dx code
Special Instructions to Ordering Physician: ** All MRI Procedures ordered with contrast must have a Creatinine within the last 30 days if they meet any of the following criteria: Fax results to 910-571-5472 prior to patient's appointment - History of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease - Over the age of 60	73218	# Upper Extremity Non-Joint w/o cntr (Forearm, Humerus)	
	72621	# Upper Extremity Non-Joint w/ & w/o cntr Bilateral	
Magnetic Resonance Imaging (MRI) MRI Instructions... Special Instructions for the patient scheduled for an MRI Test ** **If you have a pacemaker or aneurysm clip you CANNOT have an MRI **Please wear comfortable clothing and refrain from wearing jewelry or hairpins ** Please arrive 15 minutes prior to your appointment time to register.	73220	# Upper Extremity Non-Joint w/ & w/o cntr (Abscess, Osteomyelitis, Tumor)	
	73219	# Upper Extremity Non-Joint w/ cntr (Forearm, Humerus)	
	73221-50	# Upper Extremity Joint w/o cntr Bilateral	
	73221	# Upper Extremity Joint w/o cntr (Wrist, Elbow or Shoulder)	
	73223-50	# Upper Extremity Joint w/ & w/o cntr Bilateral	
	73223	# Upper Extremity Joint w/ & w/o cntr	
	73222	# Upper Extremity Joint w/ cntr (Wrist, Elbow or Shoulder)	
	73718	# Lower Extremity Non-Joint w/o cntr (Femur, Leg)	
	73720-50	# Lower Extremity Non-Joint w/ & w/o cntr Bilateral	
	73720	# Lower Extremity Non-Joint w/ & w/o cntr (Abscess, Osteomyelitis, Tumor)	
70540	# MR ORBITS without contrast	73721-50	# Lower Extremity Joint w/o cntr Bilateral
70543	# MR ORBITS with & without contrast	73721	# Lower Extremity Joint w/o cntr (Ankle, Knee)
70543	# MR Nasopharynx with & without contrast	73723-50	# Lower Extremity Joint w/ & w/o cntr Bilateral
70544	# MRA Brain/Head (Circle of Willis)	73723	# Lower Extremity Joint w/ & w/o (Ankle, Knee)(Abscess, Osteomyelitis, Tumor)
70549	# MRA Neck with & without contrast (carotid arteries)	73718	# MR – FOOT (Heel to Mid Foot) <input type="checkbox"/> L <input type="checkbox"/> R
70551	# MR Brain without contrast (MS, CVA, Seizure, HA, ICH)	73720	# MR – FOOT (Heel to Mid Foot) w/ & w/o cntr <input type="checkbox"/> L <input type="checkbox"/> R
70553	# MR Brain with & without contrast (Reason for exam) <input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Tumor <input type="checkbox"/> MS <input type="checkbox"/> Cranial Nerves (SPECIFY):	73718	# MR – FOOT (Mid Foot to Toe) <input type="checkbox"/> L <input type="checkbox"/> R
		73720	# MR – FOOT (Mid Foot to Toe) w/ & w/o cntr <input type="checkbox"/> L <input type="checkbox"/> R
72141	# Cervical Spine w/o cntr		
72146	# Thoracic Spine w/o cntr		
72148	# Lumbar Spine w/o cntr		
72156	# Cervical w/ & w/o cntr		
72157	# Thoracic w/ & w/o cntr		
72158	# Lumbar Spine w/ & w/o cntr	CPT	NUCLEAR MEDICINE
72195	# MR pelvis w/o cntr	78452	# Myocardial Perf Spect. (CARDIAC STRESS TEST)
72197	# MR pelvis w/ & w/o cntr - (If organ specify reason below for exam) <input type="checkbox"/> Mass <input type="checkbox"/> Prostate <input type="checkbox"/> Female Pelvis <input type="checkbox"/> Infection <input type="checkbox"/> Rectum		<input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacological
74181	# MRCP Abdomen w/o cntr		
74183	# Abdomen w/ & w/o cntr <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys		
74185	# MRA Abd w/ & w/o cntr <input type="checkbox"/> AAA <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric Arteries-both		