

RICHMOND

**Physicians Order for
MRI – Richmond Campus**

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Place Patient Label
Inside This Box

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone:(Home)	(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#	Physician Fax#:	Print Name of Physician:		

Physician Signature (Required) _____ **Date/Time (Required):** _____

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM ATTENTION PATIENT: Please bring a written list of all your current medications.

Decision Support (AUC) Effective Jan. 1, 2020, PAMA Mandate requirements. Please provide information below.

Session ID: _____ Score: _____ Vendor/G-code: _____ Adherence: Yes No NCA (No Criteria Avail)
 Hardship Exception: Emergent Medical Condition No Internet No HER/qCDSDM or Technical Issue Uncontrollable Circumstances Missing Info

CHECK PROCEDURE AND INSERT ICD-10CODE

CNTR = CONTRAST

MRI	CPT	DX CODE
<input type="checkbox"/> Brain W/O CNTR(MS,CVA,Seizure,HA,ICH)	70551	
<input type="checkbox"/> Brain W/O CNTR(please specify reason) <input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Orbits	70553	
<input type="checkbox"/> Neck/Nasopharynx W/O CNTR	70543	
<input type="checkbox"/> TMJ	70336	
<input type="checkbox"/> Chest WO CNTR	71550	
<input type="checkbox"/> Chest W/O CNTR (Please Specify reason) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Mass	71552	
<input type="checkbox"/> Abdomen WO CNTR	74181	
<input type="checkbox"/> Abdomen W/O CNTR(Please specify reason) <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals	74183	
<input type="checkbox"/> MRCP – Abdomen WO CNTR	74181	
<input type="checkbox"/> Pelvis WO CNTR <input type="checkbox"/> Organs <input type="checkbox"/> Hip	72195	
<input type="checkbox"/> Pelvis W/O CNTR <input type="checkbox"/> Organs <input type="checkbox"/> Hip (If Organ specify reason <input type="checkbox"/> Mass <input type="checkbox"/> Female Pelvis <input type="checkbox"/> Infection)	72197	
<input type="checkbox"/> Cervical Spine WO CNTR(HNP,Trauma,Stenosis)	72141	
<input type="checkbox"/> Thoracic Spine WO CNTR(HNP,Stenosis)	72146	
<input type="checkbox"/> Lumbar Spine WO CNTR(HNP,Stenosis)	72148	
<input type="checkbox"/> Cervical W/O (Post-op, Tumor,METS,Infection)	72156	
<input type="checkbox"/> Thoracic W/O CNTR (METS, Infection)	72157	
<input type="checkbox"/> Lumbar W/O CNTR (Post-op,METS,Infection)	72185	
<input type="checkbox"/> Pelvis(Hip Arthrogram W CNTR)	72197	

MRI Extremities	CPT	DX CODE
<input type="checkbox"/> Upper Ext Joint WO CNTR (Wrist, Elbow, or Shoulder) <input type="checkbox"/> L <input type="checkbox"/> R	73221	
<input type="checkbox"/> Upper Ext Joint WO CNTR Bilateral	72620	
<input type="checkbox"/> Upper Ext Joint W/O CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73223	
<input type="checkbox"/> Upper Ext Joint W/O CNTR Bilateral	73228	
<input type="checkbox"/> Upper Ext Non Joint WO CNTR (Forearm,Humerus)	73218	
<input type="checkbox"/> Upper Ext Non Joint W CNTR(Forearm, Humerus)	73219	
<input type="checkbox"/> Upper Ext Non Joint W/O CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73220	
<input type="checkbox"/> Upper Ext Non Joint W/O CNTR Bilateral	72621	
<input type="checkbox"/> Shoulder Arthrogram W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73222	
<input type="checkbox"/> Lower Ext Joint WO CNTR(Ankle, Knee) <input type="checkbox"/> L <input type="checkbox"/> R	73721	
<input type="checkbox"/> Lower Ext Joint WO CNTR Bilateral	72619	
<input type="checkbox"/> Lower Ext Joint W/O CNTR (Ankle,Knee) (Abscess,Osteomyelitis,Tumor) <input type="checkbox"/> L <input type="checkbox"/> R	73723	
<input type="checkbox"/> Lower Ext Joint W/O CNTR Bilateral	73227	
<input type="checkbox"/> Lower Ext Non Joint WO CNTR(Femur,Lowerleg) <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> Lower Ext Non Joint W/O CNTR(Abscess,Osteomyelitis,Tumor) Femur, Lower leg <input type="checkbox"/> L <input type="checkbox"/> R	73720	
<input type="checkbox"/> Lower Ext Non Joint W/O CNTR Bilateral	73226	
<input type="checkbox"/> Foot <input type="checkbox"/> Forefoot <input type="checkbox"/> Hindfoot <input type="checkbox"/> Midfoot <input type="checkbox"/> Entire foot for Stress FX <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> Foot W/O CNTR <input type="checkbox"/> Forefoot <input type="checkbox"/> Hindfoot <input type="checkbox"/> Midfoot <input type="checkbox"/> Entire foot for Stress FX <input type="checkbox"/> L <input type="checkbox"/> R	73720	

MR Angiography (MRA)	CPT	DX CODE
<input type="checkbox"/> Brain		
<input type="checkbox"/> MRA Brain/Head WO CNTR	70544	
<input type="checkbox"/> Carotids/Subclavin		
<input type="checkbox"/> MRA Neck W/O CNTR	70549	
<input type="checkbox"/> Thoracic Aorta Includes both when ordered		
<input type="checkbox"/> MRA Chest W/O CNTR	71555	
<input type="checkbox"/> MR Chest WO CNTR	71550	
ABD/Pelvis		
<input type="checkbox"/> MRA Abdomen W/O CNTR <input type="checkbox"/> AAA <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric Arteries	74185	
<input type="checkbox"/> MRA Pelvis W/O CNTR	72198	
Run Off		
<input type="checkbox"/> MRA Abdomen W/O CNTR	74185	
<input type="checkbox"/> MRA Bilateral Lower EXT W CNTR	C8912	

Call Results to: _____ After Hours#: _____

Creatinine within the last 30 days:
 Yes, Results: _____, also fax to (910)417-3380
 No, Refer to policy on back of form

Comments or Order Clarifications:

MRI Preps

<u>Special Instructions to Ordering Physician:</u>	<u>Special Instructions to Patients:</u>
<ul style="list-style-type: none"> All MR procedures ordered with contrast must have a Creatinine within the last 30 days if they meet any of the following criteria: (Fax results to 910-417-3380 prior to patient's appointment) <ol style="list-style-type: none"> history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease over the age of 60 	<ul style="list-style-type: none"> If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI
<ul style="list-style-type: none"> All MRI sedation patients must be scheduled through OR &MRI via Central Scheduling. They must also have an H&P faxed to (910)-417-3802 one week prior to MRI exam, and meet anesthesia criteria before undergoing sedation. Children must be at least 1 year old. Patients must be NPO after midnight; babies can have clear liquids up to 4 hours before test. 	<ul style="list-style-type: none"> Please arrive 30 minutes prior to your appointment time to register even if you have pre-registered via phone. Please wear comfortable clothing and refrain from wearing jewelry or hairpins <u>MRCP</u> - Nothing to eat or drink for 6 hours prior to your appointment.
	<ul style="list-style-type: none"> Please bring a list of your current medications with you to your MRI exam.

FirstHealth Moore Regional Hospital – Richmond Area Map

