



Place Patient Label
Inside This Box

**Physicians Order for
MRI – FH Imaging - Southern Pines**
Page 1 of 1

7046.03.15537.00sp Sunset Date:10/2023

| | | | | | |
|---------------------------------------|--|-----------------|------------------------------|--------------------------|------|
| 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

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/qCDSM or Technical Issue Uncontrollable Circumstances Missing Info

Is patient claustrophobic or over 300lbs? Yes No Does patient have an aneurysm clip or pacemaker? Yes No

CHECK PROCEDURE AND INSERT ICD-10 CODE CNTR = CONTRAST

| MRI Stealth / SRS | | CPT | DX CODE |
|--------------------------|---|-------|---------|
| <input type="checkbox"/> | BRAIN W CNTR (Mass/Tumor) | 70552 | |
| <input type="checkbox"/> | BRAIN WO CNTR (Hemorrhage) | 70551 | |
| MRI | | CPT | DX CODE |
| <input type="checkbox"/> | BRAIN NO CNTR (MS, CVA, Seizure,HA, ICH) | 70551 | |
| <input type="checkbox"/> | BRAIN W/WO CNTR (Reason for exam) <input type="checkbox"/> Sella/Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> METS <input type="checkbox"/> Orbits <input type="checkbox"/> Tumor <input type="checkbox"/> MS <input type="checkbox"/> Cranial Nerves (SPECIFY): | 70553 | |
| <input type="checkbox"/> | NECK/NASOPHARYNX W/WO CNTR | 70543 | |
| <input type="checkbox"/> | CHEST NO CNTR | 71550 | |
| <input type="checkbox"/> | CHEST W/WO | 71552 | |
| <input type="checkbox"/> | ABDOMEN NO CNTR | 74181 | |
| <input type="checkbox"/> | ABDOMEN WO/W CNTR (Reason for exam) <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 NO CNTR | 74181 | |
| <input type="checkbox"/> | PELVIS/HIP NO CNTR | 72195 | |
| <input type="checkbox"/> | PELVIS/HIP WO/W CNTR (If organ specify, reason) <input type="checkbox"/> Mass <input type="checkbox"/> Prostate <input type="checkbox"/> Female Organs <input type="checkbox"/> Infection <input type="checkbox"/> Rectum <input type="checkbox"/> Bony | 72197 | |
| <input type="checkbox"/> | MR-PROSTATE W / WO | 72197 | |
| <input type="checkbox"/> | CERVICAL SPINE NO CNTR (HNP, TRAUMA) | 72141 | |
| <input type="checkbox"/> | THORACIC SPINE NO CNTR (HNP, STENOSIS) | 72146 | |
| <input type="checkbox"/> | LUMBAR SPINE NO CNTR (HNP,STENOSIS) | 72148 | |
| <input type="checkbox"/> | CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION) | 72156 | |
| <input type="checkbox"/> | THORACIC W/WO CNTR(METS, INFECTION) | 72157 | |
| <input type="checkbox"/> | LUMBAR W/WO CNTR(Post-OP,METS, Infection) | 72158 | |

| MRI EXTREMITIES (CON'T) | | CPT | DX CODE |
|--------------------------|---|---------|---------|
| <input type="checkbox"/> | LWR EXT JOINT NO CNTR Ankle, Knee <input type="checkbox"/> L <input type="checkbox"/> R | 73721 | |
| <input type="checkbox"/> | LWR EXT JOINT NO CNTR BILATERAL | 7372150 | |
| <input type="checkbox"/> | LWR EXT JNT WO/W CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R | 73723 | |
| <input type="checkbox"/> | LWR EXT JNT WO/W CNTR BILATERAL | 7372350 | |
| <input type="checkbox"/> | LWR EXT NON JNT NO CNTR (Femur/Leg) <input type="checkbox"/> L <input type="checkbox"/> R | 73718 | |
| <input type="checkbox"/> | LWR EXT NON JNT WO/W CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R | 73720 | |
| <input type="checkbox"/> | LWR EXT NON JNT WO/W CNTR BILATERAL | 7372050 | |
| <input type="checkbox"/> | FOOT (Heel To Mid Foot) No CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73718 | |
| <input type="checkbox"/> | FOOT WO/W CNTR (Heel to Mid Foot) <input type="checkbox"/> L <input type="checkbox"/> R | 73723 | |
| <input type="checkbox"/> | FOOT (Mid Foot To Toe) NO CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73718 | |
| <input type="checkbox"/> | FOOT WO/W CNTR(Mid Foot to Toe) <input type="checkbox"/> L <input type="checkbox"/> R | 73720 | |

| MR ANGIOGRAPHY (MRA) | | CPT | DX CODE |
|--------------------------|---|-------|---------|
| <input type="checkbox"/> | BRAIN/HEAD NO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV | 70544 | |
| <input type="checkbox"/> | NECK W/WO CNTR | 70549 | |
| <input type="checkbox"/> | NECK WO CNTR | 70547 | |
| <input type="checkbox"/> | UPPER EXT W/WO CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73225 | |
| <input type="checkbox"/> | PELVIS W/WO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV | 72198 | |
| <input type="checkbox"/> | CHEST W/WO CNTR | 71555 | |
| <input type="checkbox"/> | RUN-OFF: (includes both when checked) | | |
| <input type="checkbox"/> | ABDOMEN W/WO CNTR | 74185 | |
| <input type="checkbox"/> | BILATERAL LWR EXT W CNTR | 73725 | |
| <input type="checkbox"/> | ABDOMEN W/WO CNTR <input type="checkbox"/> AAA <input type="checkbox"/> RENAL <input type="checkbox"/> MESENTERIC ARTERIES | 74185 | |
| <input type="checkbox"/> | ABDOMEN WO CNTR (RENAL) | C8901 | |

| MRI EXTREMITIES | | CPT | DX CODE |
|--------------------------|---|---------|---------|
| <input type="checkbox"/> | UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder) <input type="checkbox"/> L <input type="checkbox"/> R | 73221 | |
| <input type="checkbox"/> | UPPER EXT JOINT NO CNTR BILATERAL | 7322150 | |
| <input type="checkbox"/> | UPPER EXT JOINT WO/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73223 | |
| <input type="checkbox"/> | UPPER EXT JOINT WO/W CNTR BILATERAL | 7322350 | |
| <input type="checkbox"/> | UPPER EXT NON-JOINT NO CNTR (Forearm, Hand, Humerus) <input type="checkbox"/> L <input type="checkbox"/> R | 73218 | |
| <input type="checkbox"/> | UPPER EXT NON JNT WO/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R | 73220 | |
| <input type="checkbox"/> | UPPER EXT NON-JOINT WO/W CNTR BILTRL | 7322050 | |

Call Results to: _____ After Hours#: _____
Creatinine within the last 30 Days:
 Yes, Results: _____, also fax to (910)715-1177
 No, Refer to policy on back of form
 Place **Creatinine** order

Comments:

Appointment Date/Time: _____ Spoke to patient Left message for Patient No answer

****Special Instructions to Ordering Physician:**

| | |
|---|--|
| <p><input type="checkbox"/> MRCP - Nothing to eat or drink for 6 hours prior to your appointment.</p> | <p><input type="checkbox"/> If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI</p> |
| <p><u>Special Instructions to Ordering Physician:</u> **</p> <p><input type="checkbox"/> All MR procedures ordered <u>with contrast</u> must have a Creatinine within the last 30 days if they meet any of the following criteria:</p> <ol style="list-style-type: none"> history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease over the age of 60 <p>(Fax results to 715-1177 prior to patient's appointment) <u>Request Creatinine order if needed.</u></p> | <p><input type="checkbox"/> Please wear comfortable clothing and refrain from wearing jewelry or hairpins</p> |
| | <p><input type="checkbox"/> Please arrive 30 minutes prior to your appointment time to register, unless instructed otherwise.</p> |
| | <p><input type="checkbox"/> <u>MR Lower/Upper Extremity (NON-JOINT)-</u> Please fax an H&P to 715-1177</p> |

IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION:

Day of the week:

Preference: Morning Afternoon Evening

Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.

If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

Appointment Date/Time:

Spoke to patient Left message for Patient No answer

Map

**We are located directly across the street from
Calvary Christian Church at 355 South Bennett.**

