



Place Patient Label  
Inside This Box

7046.03.15537.00.fi Sunset Date:10/2025

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, 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	

Is patient claustrophobic or over 300lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does patient have an aneurysm clip or pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**CHECK PROCEDURE AND INSERT ICD-10 CODE** **CNTR = CONTRAST**

MRI Stealth / SRS	CPT	DX CODE
<input type="checkbox"/> MR-BRAIN W CNTR (Mass/Tumor)	70552	
<input type="checkbox"/> MR-BRAIN WO CNTR (Hemorrhage)	70551	
<input type="checkbox"/> MR-BRAIN W / WO CNTR	70553	
MRI	CPT	DX CODE
<input type="checkbox"/> MR - BRAIN NO CNTR (MS, CVA, Seizure, HA, ICH)	70551	
<input type="checkbox"/> MR - BRAIN W/WO CNTR (Reason for exam)	70553	
<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):		
<input type="checkbox"/> MR-ORBITS WITHOUT CONTRAST	70540	
<input type="checkbox"/> MR-ORBITS W / WO CONTRAST	70543	
<input type="checkbox"/> MR-NECK/NASOPHARYNX W/WO CNTR	70543	
<input type="checkbox"/> MR-TMJ	70336	
<input type="checkbox"/> MR-CHEST NO CNTR	71550	
<input type="checkbox"/> MR-CHEST W/WO	71552	
<input type="checkbox"/> MR-ABDOMEN NO CNTR	74181	
<input type="checkbox"/> MR-ABDOMEN WO/W CNTR (Reason for exam)	74183	
<input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenals		
<input type="checkbox"/> MRCP-ABDOMEN NO CNTR	74181	
<input type="checkbox"/> MR-PELVIS/HIP NO CNTR	72195	
<input type="checkbox"/> MR-PELVIS/HIP WO/W CNTR (If organ specify, reason)	72197	
<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		
<input type="checkbox"/> MR-CERVICAL SPINE NO CNTR (HNP, TRAUMA)	72141	
<input type="checkbox"/> MR-THORACIC SPINE NO CNTR(HNP,STENOSIS)	72146	
<input type="checkbox"/> MR-LUMBAR SPINE NO CNTR (HNP,STENOSIS)	72148	
<input type="checkbox"/> MR-CERVICAL W/WO (POST-OP, TUMOR, METS, INFECTION)	72156	
<input type="checkbox"/> MR-THORACIC W/WO CNTR (METS, INFECTION)	72157	
<input type="checkbox"/> MR-LUMBAR W/WO CNTR (Post-OP,METS, Infection)	72158	
<input type="checkbox"/> MR-NEONATE BRAIN WO CNTR	70551	
<input type="checkbox"/> MR- VENOGRAM W/WO CNTR	70546	
MRI EXTREMITIES	CPT	DX CODE
<input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR (Wrist Elbow or Shoulder)	73221	
<input type="checkbox"/> MR-UPPER EXT JOINT NO CNTR BILATERAL	7322150	
<input type="checkbox"/> MR-UPPER EXT JOINT WO/W CNTR	73223	
<input type="checkbox"/> MR-UPPER EXT JOINT WO/W CNTR BILATERAL	7322350	
<input type="checkbox"/> MR-UPPER EXT NON JOINT NO CNTR (Forearm, Hand, Humerus)	73218	
<input type="checkbox"/> MR-UPPER EXT NON JNT WO/W CNTR	73220	
<input type="checkbox"/> MR-UPPER EXT NON JOINT WO/W CNTR BILTRL	7322050	

MRI EXTREMITIES (CON'T)	CPT	DX CODE
<input type="checkbox"/> MR-LWR EXT JOINT NO CNTR Ankle, Knee <input type="checkbox"/> L <input type="checkbox"/> R	73721	
<input type="checkbox"/> MR-LWR EXT JOINT NO CNTR BILATERAL	7372150	
<input type="checkbox"/> MR-LWR EXT JNT WO/W CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R	73723	
<input type="checkbox"/> MR-LWR EXT JNT WO/W CNTR BILATERAL	7372350	
<input type="checkbox"/> MR-LWR EXT NON JNT NO CNTR (Femur/Lleg) <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> MR-LWR EXT NON JNT WO/W CNTR (Abscess/Tumor) <input type="checkbox"/> L <input type="checkbox"/> R	73720	
<input type="checkbox"/> MR-LWR EXT NON JNT WO/W CNTR BILATERAL	7372050	
<input type="checkbox"/> MR-FOOT (Heel To Mid Foot) No CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> MR-FOOT WO/W CNTR (Heel to Mid Foot) <input type="checkbox"/> L <input type="checkbox"/> R	73723	
<input type="checkbox"/> MR-FOOT (Mid Foot To Toe) NO CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73718	
<input type="checkbox"/> MR-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"/> MRA BRAIN/HEAD NO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV	70544	
<input type="checkbox"/> MRA BRAIN/HEAD W/WO CNTR	70546	
<input type="checkbox"/> MRA NECK W/WO CNTR	70549	
<input type="checkbox"/> MRA NECK WO CNTR	70547	
<input type="checkbox"/> MRA PELVIS W/WO CNTR <input type="checkbox"/> MRA <input type="checkbox"/> MRV	72198	
<input type="checkbox"/> MRA CHEST W/WO CNTR	71555	
<input type="checkbox"/> MRA ABDOMEN W/WO CNTR <input type="checkbox"/> AAA <input type="checkbox"/> RENAL <input type="checkbox"/> MESENTERIC ARTERIES	74185	
<input type="checkbox"/> MRA ABDOMEN WO CNTR (RENAL)	C8901	
MRI PROCEDURES	CPT	DX CODE
<input type="checkbox"/> MR-ELBOW ARTHROGRAM/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73222	
Also order: XR-Inject Proced Elbow Arthro	24220	
<input type="checkbox"/> MR-PELVIS (HIP ARTHROGRAM) W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	72196	
Also order: XR-Inject Proced Hip Arthro	27093	
<input type="checkbox"/> MR-SHOULDER ARTHROGRAM W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73222	
Also order: XR-Inject Proced Shoulder Arthro	23350	
<input type="checkbox"/> MR-WRIST ARTHROGRAM/W CNTR <input type="checkbox"/> L <input type="checkbox"/> R	73222	
Also order: XR-Inject Proced Wrist Arthro	25246	

Call Results to:	After Hours#:
<b>Creatinine within the last 30 Days:</b>	
<input type="checkbox"/> Yes, Results: _____, also fax to (910)715-1177	
<input type="checkbox"/> No, Refer to policy on back of form	

**Comments:**

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

<p><b>Special Instructions to Ordering Physician: **</b></p> <p><input type="checkbox"/> <u>All MR procedures ordered with contrast must have a Creatinine within the last 30 days if they meet any of the following criteria:</u></p> <ol style="list-style-type: none"> <li>1. history of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease</li> <li>2. over the age of 60 (Fax results to 715-1177 prior to patient's appointment) <b>Request Creatinine order if needed.</b></li> </ol>	<p><input type="checkbox"/> <b>If you have a pacemaker or aneurysm clip please notify the technologist, you may not be able to have an MRI</b></p>
<p><input type="checkbox"/> <b>MR Lower/Upper Extremity (NON JOINT)-</b> Please fax an H&amp;P to 715-1177</p>	<p><input type="checkbox"/> Please wear comfortable clothing and refrain from wearing jewelry or hairpins</p> <p><input type="checkbox"/> <b>Please arrive 30 minutes prior to your appointment time to register, unless instructed otherwise.</b></p> <p><input type="checkbox"/> <b>MRCP</b> - Nothing to eat or drink for 6 hours prior to your appointment.</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

**PARKING: Please check designated parking area for patients:**

- FirstImaging Center Parking:** Located in the Pinehurst Radiology Building at the corner of Page and Memorial Drive. Park toward the lower part of the parking area and enter through the door toward the back of the building.

