



**Radiology Request – MRI**  
**Scheduling 520-459-5227 Fax: 520-459-2191**

Requesting Provider: \_\_\_\_\_ Prov Ph: \_\_\_\_\_ Prov Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Contact Phone \_\_\_\_\_ Next Appt \_\_\_\_\_

Insurance: \_\_\_\_\_ Pre-auth required: Y \_\_\_ N \_\_\_ Pre-Auth # \_\_\_\_\_

Reason for exam: \_\_\_\_\_ ICD-9/10 Code: \_\_\_\_\_

Please answer the following questions with patient in office		Instructions if yes:
Does pt have a pacemaker or defibrillator?	Y__ N__	<b>PATIENT CAN NOT HAVE MRI</b>
Is patient claustrophobic?	Y__ N__	Please provide patient w/ sedation meds
Welder/metal worker required medical attention for eye injury?	Y__ N__	Order for Orbit X-Rays <input type="checkbox"/> CPT 70030

Diabetic patient or patients > 65 years of age and requires MRI contrast, CREATININE results within 30 days is required

MRI EXAM	CPT	MRI EXAM	CPT
<input type="checkbox"/> Abdomen with/wo contrast w/MRCP (gallbladder disease, bile duct dilation, cholangitis, biliary tumor or pancreatitis)	74183	<input type="checkbox"/> Hip without contrast (pain, trauma, AVN)	L__ R__ 73721
<input type="checkbox"/> Abdomen with/wo contrast (liver, renal, adrenal, pancreas, spleen)	74183	<input type="checkbox"/> Knee without contrast (pain, trauma, AVN)	L__ R__ 73721
<input type="checkbox"/> MRA Abdomen with/wo contrast (renal, aorta mesenteric artery)	74185	<input type="checkbox"/> Ankle without contrast (pain, trauma, AVN))	L__ R__ 73721
<input type="checkbox"/> MRA Upper Extremity with/wo contrast	73225	<input type="checkbox"/> Shoulder without contrast (pain, trauma, AVN)	L__ R__ 73221
<input type="checkbox"/> MRA Aorta with lower ext runoff with/wo contrast	74185 73725	<input type="checkbox"/> Elbow without contrast (pain, trauma, AVN)	L__ R__ 73221
<input type="checkbox"/> MRA Lower Extremity with/wo cont	73725	<input type="checkbox"/> Wrist without contrast (pain, trauma, AVN)	L__ R__ 73221
<input type="checkbox"/> MRA or MRV Head without contrast	70544	<input type="checkbox"/> Femur without (pain, trauma)	L__ R__ 73718
<input type="checkbox"/> MRA Neck with contrast (carotid, vertebrobasilar insufficiency)	70548	<input type="checkbox"/> Tib/Fib without (pain, trauma)	L__ R__ 73718
<input type="checkbox"/> MRA Neck without contrast (in patient with GFR < 30)	70547	<input type="checkbox"/> Foot without contrast (pain, trauma)	L__ R__ 73718
<input type="checkbox"/> Brain with/without contrast (headache, seizure, pituitary, hearing loss, tumor, infection, multiple sclerosis)	70553	<input type="checkbox"/> Humerus without contrast (pain, trauma)	L__ R__ 73218
<input type="checkbox"/> Brain without contrast (headache, stroke, dementia, or any other indication in patient with GFR < 30)	70551	<input type="checkbox"/> Forearm without contrast (pain, trauma)	L__ R__ 73218
<input type="checkbox"/> Brachial Plexus with/wo contrast	73220	<input type="checkbox"/> Hand without contrast (pain, trauma)	L__ R__ 73218
<input type="checkbox"/> Orbit/Face/Sinus or Soft Tissue Neck with/wo contrast	70543	<input type="checkbox"/> Hip with/wo contrast (tumor, infection)	L__ R__ 73723
<input type="checkbox"/> Cervical without contrast	72141	<input type="checkbox"/> Knee with/without contrast (tumor, infection)	L__ R__ 73723
<input type="checkbox"/> Cervical with/wo contrast (MS, myelopathy, tumor, infection, history of cancer)	72156	<input type="checkbox"/> Ankle with/without contrast (tumor, infection)	L__ R__ 73723
<input type="checkbox"/> Thoracic without contrast	72146	<input type="checkbox"/> Foot with/wo contrast (tumor, infection)	L__ R__ 73720
<input type="checkbox"/> Thoracic with/wo contrast (MS, myelopathy, tumor, infection, history of cancer)	72157	<input type="checkbox"/> Shoulder with/wo contrast (tumor, infection)	L__ R__ 73223
<input type="checkbox"/> Lumbar with/wo contrast (Back surgery, tumor, infection, history of cancer)	72158	<input type="checkbox"/> Elbow with/wo contrast (tumor, infection)	L__ R__ 73223
<input type="checkbox"/> Lumbar without contrast	72148	<input type="checkbox"/> Wrist with/wo contrast (tumor, infection)	L__ R__ 73223
<input type="checkbox"/> Sacrum/ Coccyx or SI joints without contrast	72195	<input type="checkbox"/> Hand with/wo contrast (tumor, infection)	L__ R__ 73220
<input type="checkbox"/> Pelvis with/wo contrast (adenomyosis, dermoid, fibroid, infection or tumor, cervical uterine or vaginal cancer, ovarian disease, post menopausal bleeding)	72197	<input type="checkbox"/> MRI/X-Ray Hip Arthrogram <b>X-Ray portion Pre-Cert 73525 &amp; 27093 also</b>	L__ R__ 73722
<input type="checkbox"/> Breast with/wo contrast (Dense breast in high risk pt, palpable mass with negative mammo/sonography, positive biopsy evaluate for extent or to evaluate for possible disease in other breast, possible mass in patient with implants)	77059	<input type="checkbox"/> MRI/X-Ray Knee Arthrogram <b>X-Ray portion Pre-Cert 73580 &amp; 27370 Also</b>	L__ R__ 73722
		<input type="checkbox"/> MRI/ X-Ray Shoulder Arthrogram <b>X-Ray portion Pre-Cert 73040 &amp; 23350 Also</b>	L__ R__ 73222
		<input type="checkbox"/> MRI/ X-Ray Wrist Arthrogram <b>X-Ray portion Pre-Cert 73115 &amp; 25246 Also</b>	L__ R__ 73222

STAT Read  Y\*\* Require cell phone, pager or backline number : \_\_\_\_\_ Special Instruction:  Hold patient  Give CD to patient

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_