HSHS St. Anthony's Memorial Hospital

MRI ORDER FORM

Pre-Authorization Number_____

Diagnoses/Indications: (Required for Reimbursement)

1._____

2._____

3._____

Name:_____

Date of Birth:_____

Type of Order: ❑ STAT ❑ Routine
❑ Call Result ❑ Fax Result

Phone Number_____

Fax Number_____

	CPT	HEAD		CPT	ABDOMEN
	70551	Brain w/o contrast (ROUTINE)		74181	Abdomen w/o contrast
	70553	Brain w and w/o contrast*		74183	Abdomen w and w/o contrast* (ROUTINE)
	70551	IAC w/o contrast		74181	Adrenal with Chemical Shift Imaging w/o contrast
	70553	IAC w and w/o contrast* (ROUTINE)		74181	MRCP w/o contrast
	70540	Orbit/Face w/o contrast			**PELVIS**
	70543	Orbit/Face w and w/o contrast* (ROUTINE)		72195	Pelvis (Tissue) w/o contrast
	70551	Pituitary w/o contrast		72197	Pelvis (Tissue) w and w/o contrast* (ROUTINE)
	70553	Pituitary w and w/o contrast* (ROUTINE)		72195	Pelvis (Bone) w/o contrast (ROUTINE)
	70336	TMJ w/o contrast (ROUTINE)		72197	Pelvis (Bone) w and w/o contrast*
		SPINE			**EXTREMITY**
	72141	Cervical Spine w/o contrast (ROUTINE)		73221	Upper Joint w/o contrast (ROUTINE) ❑ Right ❑ Left ❑ Shoulder ❑ Elbow ❑ Wrist
	72156	Cervical Spine w and w/o contrast*			
	72146	Thoracic Spine w/o contrast (ROUTINE)		73223	Upper Joint w and w/o contrast* ❑ Right ❑ Left ❑ Shoulder ❑ Elbow ❑ Wrist
	72157	Thoracic Spine w and w/o contrast*			
	72148	Lumbar Spine w/o contrast (ROUTINE)		73218	Upper Extremity w/o contrast ❑ Right ❑ Left ❑ Upper Arm ❑ Forearm ❑ Hand
	72158	Lumbar Spine w and w/o contrast*			
		MR ANGIOGRAPHY		73220	Upper Extremity w and w/o contrast* ❑ Right ❑ Left ❑ Upper Arm ❑ Forearm ❑ Hand
	70544	MRA Head w/o contrast (ROUTINE)			
	70547	MRA Neck w/o contrast		73721	Lower Joint w/o contrast (ROUTINE) ❑ Right ❑ Left ❑ Hip ❑ Knee ❑ Ankle
	70549	MRA Neck w and w/o contrast* (ROUTINE)			
	71555	MRA Chest w and w/o contrast*		73723	Lower Joint w and w/o contrast* ❑ Right ❑ Left ❑ Hip ❑ Knee ❑ Ankle
	74185	MRA Abdomen w/o contrast			
	74185	MRA Abdomen w and w/o contrast* (ROUTINE)		73718	Lower Extremity w/o contrast ❑ Right ❑ Left ❑ Thigh ❑ Lower Leg ❑ Foot
	73725	MRA Runoff of Lower Extremities w and w/o contrast*			
		VISCERA		73720	Lower Extremity w and w/o contrast* ❑ Right ❑ Left ❑ Thigh ❑ Lower Leg ❑ Foot
	70540	Soft Tissue Neck/Face w/o contrast			
	70543	Soft Tissue Neck/Face w and w/o contrast*		73223	Upper Joint with Arthrogram ❑ Right ❑ Left ❑ Shoulder ❑ Elbow ❑ Wrist
	71550	Chest w/o contrast			
	71552	Chest w and w/o contrast*		73723	Lower Joint with Arthrogram ❑ Right ❑ Left ❑ Hip ❑ Knee ❑ Ankle
	71550	Brachial Plexus w/o contrast			
	71552	Brachial Plexus w and w/o contrast*			**OTHER – Please specify below**
	C8908	Breasts Bilateral w and w/o contrast* (ROUTINE)			
	77047	Breasts Bilateral w/o contrast			

All exams with a * include an order for Creatinine in patients that are age 60 or older or who have other risk factors for renal disease if one has not been obtained within last two weeks. Contrast will not be given if GFR is less than 30. GFR levels between 30 and 40 will be evaluated by a radiologist regarding use of contrast.

DATE _____ TIME _____ SIGNATURE _____

Registration Fax: (217) 347-1377

Scheduling Phone: (217) 347-1540