

HAVASU REGIONAL MEDICAL CENTER

MEDICAL IMAGING ORDERS

PATIENT NAME (FIRST, LAST):



INSURANCE:

MEMBER ID#

GROUP#

HISTORY (ICD-10 REQUIRED)

DATE OF BIRTH:

PHYSICIAN (PRINT)

PATIENT PHONE:

PHYSICIAN SIGNATURE:

DATE/TIME:

CT - Circle CPT for IV Contrast	W/O	WITH	W/WO
CT HEAD/BRAIN	70450	70460	70470
CT SINUS COMPLETE	70486	N/A	N/A
CT PE STUDY	N/A	71260	N/A
CT <input type="radio"/> ORBITS <input type="radio"/> IAC <input type="radio"/> TEMPORAL BONES	70480	70481	70482
CT <input type="radio"/> MAX/FACIAL BONES <input type="radio"/> MANDIBLE/TMJ	70486	70487	N/A
CT SOFT TISSUE NECK	70490	70491	70492
CT SPINE: CERVICAL	72125	72126	N/A
CT SPINE: THORACIC	72128	72129	N/A
CT SPINE: LUMBAR	72131	72132	N/A
CT CHEST	71250	71260	71270
CT ABDOMEN ONLY	74150	74160	74170
CT PELVIS ONLY	72192	72193	72194
CT ABDOMEN & PELVIS	74176	74177	74178
CT STONE PROTOCOL (NO ORAL OR IV)	74176	N/A	N/A
CT UPPER EXTREMITY <input type="radio"/> RIGHT <input type="radio"/> LEFT	73200	73201	N/A
CT LOWER EXTREMITY <input type="radio"/> RIGHT <input type="radio"/> LEFT	73700	73701	N/A

CT OTHER:

CTA CIRCLE CPT & CONTRAST	W/O	WITH	W/WO
CTA HEAD/BRAIN	N/A	N/A	70496
CTA NECK/CAROTID	N/A	N/A	70498
CTA CHEST <input type="radio"/> CHEST <input type="radio"/> AORTA	N/A	N/A	71275
CTA ABDOMEN	N/A	N/A	74175
CTA ABDOMEN & PELVIS	N/A	N/A	74174
CARDIAC CALCIUM SCORING	75571	N/A	N/A
CCTA/CTA HEART W/3D	N/A	N/A	75574
CTA ABDOMINAL & RUN-OFF (BIL. LOWER)	N/A	N/A	75635
CTA OTHER			

MRI CIRCLE CPT AND IV CONTRAST

MRI CIRCLE CPT AND IV CONTRAST	W/O	WITH	W/WO
MRI BRAIN/HEAD <input type="radio"/> IAC	70551	N/A	70553
MRI <input type="radio"/> ORBIT <input type="radio"/> FACE <input type="radio"/> SINUS <input type="radio"/> NECK	70540	N/A	70543
MRI PITUITARY	N/A	N/A	70553
MRI SPINE: CERVICAL	72141	N/A	72156
MRI SPINE: THORACIC	72146	N/A	72157
MRI SPINE: LUMBAR	72148	N/A	72158
MRI CHEST	71550	N/A	71552
MRI PELVIS	72195	N/A	72197
MRI <input type="radio"/> ABDOMEN <input type="radio"/> KIDNEY <input type="radio"/> ADRENAL <input type="radio"/> MRCP	74181	N/A	74183
MRI <input type="radio"/> BRACHIAL PLEXUS <input type="radio"/> RIGHT <input type="radio"/> LEFT	73218	N/A	73220
MRI UPPER EXTREMITY NON JT <input type="radio"/> RIGHT <input type="radio"/> LEFT	73718	N/A	73720
MRI UPPER EXTREMITY JOINT <input type="radio"/> RIGHT <input type="radio"/> LEFT	73221	N/A	73223
MRI LOWER EXTREMITY NON JT <input type="radio"/> RIGHT <input type="radio"/> LEFT	73718	N/A	73720
MRI LOWER EXTREMITY JOINT <input type="radio"/> RIGHT <input type="radio"/> LEFT	73721	N/A	73723
MRI BREAST BILATERAL	N/A	N/A	77059
MRI BREAST UNILATERAL <input type="radio"/> RIGHT <input type="radio"/> LEFT	N/A	N/A	77058
MRI OTHER:			

MRA - CIRCLE CPT & IV CONTRAST

MRA - CIRCLE CPT & IV CONTRAST	W/O	WITH	W/WO
MRA <input type="radio"/> HEAD <input type="radio"/> ARTERIAL <input type="radio"/> VENOUS	70544	N/A	N/A
MRA NECK	70547	N/A	70549
MRA <input type="radio"/> CHEST <input type="radio"/> AORTA	N/A	N/A	71553
MRA <input type="radio"/> ABD <input type="radio"/> AORTA <input type="radio"/> RENAL <input type="radio"/> VENOUS <input type="radio"/>			
MESENTERIC	74183	N/A	N/A
MRA ABDOMINAL	N/A	N/A	74185
MRA BILATERAL RUN OFF	N/A	N/A	73725

IMAGING SITE VALLEY VIEW HAVASU

SPECIAL INSTRUCTIONS

- STAT ~ EMERGENCY**
SEND PATIENT TO HOSPITAL OR OP CENTER
TODC - NUC MED. MRI AND GENERAL X-RAY
- ASAP W/IN 3 DAYS
- ROUTINE
- RESULTS - VOCERA SECURE TEXT
- CALL RESULTS TO DR'S CELL @

PHYSICIAN'S CELL PHONE NUMBER

ULTRASOUND CIRCLE CPT CODE

ULTRASOUND CIRCLE CPT CODE	CPT
US CAROTID BILATERAL	93880
US CAROTID UNILATERAL <input type="radio"/> RIGHT <input type="radio"/> LEFT	93882
US NECK, THYROID, PARATHYROID	76536
US ABDOMEN COMPLETE: (LIVER, BILE DUCT, SPLEEN, KIDNEYS, UPPER ABDOMINAL AORTA & VENA CAVA)	76700
US ABD. LIMITED SINGLE ORGAN	76705
US RENAL/KIDNEY <input type="radio"/> RIGHT <input type="radio"/> LEFT	76775
US PELVIS COMPLETE	76856
US PELVIS LIMITED	76857
US TRANSVAGINAL	76830
US OB COMPLETE < 14 WEEKS	76801
US OB COMPLETE > 14 WEEKS	76805
US OB LIMITED	76815
US FETAL BIOPHYSICAL PROFILE W/NON STRESS	76819
US VENOUS BIL UPPER EXTREMITIES	93970
US VENOUS UPPER EXTREMITIES <input type="radio"/> RT <input type="radio"/> LT	93971
US VENOUS BIL LOWER EXTREMITIES	93970
US VENOUS LOWER EXTREMITIES <input type="radio"/> RT <input type="radio"/> LT	93971
US ARTERIAL BILATERAL UPPER EXTREMITIES	93930
US ARTERIAL BILATERAL LOWER EXTREMITIES	93925
US ARTERIAL UPPER EXTREMITIES <input type="radio"/> RT <input type="radio"/> LT	93931
US ARTERIAL LOWER EXTREMITIES <input type="radio"/> RT <input type="radio"/> LT	93926
US ANKLE BRACHIAL INDICES (ABI)	93922
US BREAST <input type="radio"/> RIGHT <input type="radio"/> LEFT	76641
US PARACENTESIS	49083
US THORACENTESIS	76942
US SCROTUM	76870
US AAA SCREENING	76706

US OTHER:

HAVASU REGIONAL MEDICAL CENTER

MEDICAL IMAGING ORDERS

PATIENT NAME (FIRST, LAST):



INSURANCE:

MEMBER ID#

GROUP#

HISTORY (ICD-10 REQUIRED)

DATE OF BIRTH:

PHYSICIAN (PRINT)

PATIENT PHONE:

PHYSICIAN SIGNATURE:

DATE/TIME:

MAMMOGRAPHY - Circle CPT CPT

BILATERAL SCREENING MAMMOGRAM	77067
BILATERAL DIAGNOSTIC MAMMOGRAM	77066
UNI DIAGNOSTIC MAMMOGRAM <input type="radio"/> RIGHT <input type="radio"/> LEFT	77065
MALE MAMMO PATIENTS GYNECOMASTIA OR LUMPS	
BILATERAL DIAGNOSTIC MAMMOGRAM	77066
OUTSIDE FILMS SHOULD ACCOMPANY THE PATIENT	

BONE DENSITY (DEXA SCAN) 77080

NUCLEAR MEDICINE - Circle CPT CPT

NM MYOCARDIAL PERFUSION W/STRESS	78452
NON NUCLEAR TREADMILL ONLY	93017
NM MUGA SCAN	78472
NM BONE SCAN WHOLE BODY	78306
WHITE BLOOD WHOLE BODY (OCTREOSCAN SCAN)	78806
NM LUNG PERFUSION WITH IMAGING	78597
NM RENAL SCAN FLOW AND FUNCTION	78597
NM RENAL LASIX	78708
NM MECKEL'S SCAN (DIVERTICULUM)	78290
NM GASTRIC EMPTYING STUDY	78264
NM LIVER/SPLEEN SCAN	78215
NM HEPATOBILIARY SCAN W/HIDA +GALL BLADDER	78226
NM HEPATOBILIARY SCAN	78227
NM ACUTE GI BLOOD LOSS IMAGING (GI BLEED)	78278
NM THYROID UPTAKE	78012
NM I-123 THYROID UP & SCAN (WHOLE BODY)	78018
NM PARATHYROID SCAN	78070
NM ORAL THYROID ABLATION (I-131)	79005

ECHO, EKG, CARDIOPULMONARY & EEG - Circle CPT CPT

ECHOCARDIOGRAM	93306
EKG	93005
ARTERIAL BLOOD GAS (ABG)	82803
PULMONARY FUNCTION TEST (PFT)	94060

EEG STUDY - AWAKE AND DROWSY	95816
EEG STUDY - AWAKE AND ASLEEP	95819

EMG - 1 EXTREMITY	95860
EMG - 2 EXTREMITIES	95861
EMG - 3 EXTREMITIES	95863
EMG - 4 EXTREMITIES	95864

VISUAL EVOKED POTENTIAL TEST	95930
AUDITORY EVOKED POTENTIAL TEST	92585

NERVE CONDUCTION STUDY 1-2 STUDIES	95907
NERVE CONDUCTION STUDY 3 - 4 STUDIES	95908
NERVE CONDUCTION STUDIES 5 - 6 STUDIES	95909
NERVE CONDUCTION STUDIES 7 - 8 STUDIES	95910
NERVE CONDUCTION STUDIES 9 - 10 STUDIES	95911
NERVE CONDUCTION STUDIES 10-11 STUDIES	95912
NERVE CONDUCTION STUDIES ≥13 STUDIES	95913

IMAGING SITE VALLEY VIEW HAVASU

SPECIAL INSTRUCTIONS

STAT ~ EMERGENCY

SEND PATIENT TO HOSPITAL OR OP CENTER
TODC - NUC MED, MRI AND GENERAL X-RAY

ASAP W/IN 3 DAYS

ROUTINE

RESULTS - VOCERA SECURE TEXT

CALL RESULTS TO DR'S CELL @

PHYSICIAN'S CELL PHONE NUMBER

RADIOLOGY	CIRCLE CPT CODE	CPT
CHEST PA AND LATERAL		71046
ANKLE 3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		73610
FOOT 3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		73660
OS CALCIS (CALCANEUS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73650
TIB/FIB (LEG) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73590
KNEE 3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		73562
FEMUR 2-3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		73565
HIP 2 - 3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		73552
PELVIS 1-2 VIEWS		73502
ABDOMEN (KUB) 1 VIEW		72170
ABDOMEN FLAT AND ERECT (2-3 VIEWS)		74018
SOFT TISSUE NECK		74019
CERVICAL SPINE 5 VIEWS		70360
THORACIC SPINE 3 VIEWS		72050
LUMBAR SPINE COMPLETE (4 VIEW MIN)		72072
LUMBAR SPINE W FLEX/EXTENSION -6 VWS)		72110
LUMBAR BENDING VIEWS ONLY		72114
SACRUM		72120
SACRO-ILIAC JOINTS		72202
COCCYX		72220
SCOLIOSIS STUDY (2 VIEWS) STANDING		72082
BONE AGE STUDY		77072
HAND (3 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73130
FINGER (3 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73140
WRIST (3 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73110
FOREARM (2 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73090
ELBOW (3 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73080
HUMERUS (2 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73060
SHOULDER (3 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73030
A-C JOINTS		73050
CLAVICLE (2 VIEWS) <input type="radio"/> RIGHT <input type="radio"/> LEFT		73000
SCAPULA <input type="radio"/> RIGHT <input type="radio"/> LEFT'		73010
RIBS BILATERAL W/CHEST PA - 4 VIEWS		71111
CHEST UNILATERAL 3 VIEWS <input type="radio"/> RIGHT <input type="radio"/> LEFT		71100
BIARIUM ENEMA		74270
AIR CONTRAST BARIUM ENEMA		74280
UPPER GI SERIES		74240
UPPER GI W/SMALL BOWEL SERIES		74245
SMALL BOWEL ONLY		74250
ESOPHAGRAM		74220
SWALLOWING FUNCTION WITH SPEECH THERAPY		74230
IVP (INTRAVENOUS PYELOGRAM)		74400
OTHER:		