MCMC OUTPATIENT RADIOLOGY CAT SCAN ORDER FORM

To Schedule An Appointment Phone: 575-445-7841 Fax: 575-445-7845

Patient Name _____ DOB _____ Wt _____ Appt Date/Time _____

Patient Address _____ Phone # _____

Insurance _____ Policy # _____ Group # _____

Subscriber Name & DOB _____ Relationship to patient _____

Pre-Auth Required Y ____ N____ Pre-Auth# _____ Reference # _____

Reason for Exam _____ ICD 10 Codes(s) _____

	Abdomen/Pelvis	
	Abdomen AAA (runoff)	75635
	Abdomen with contrast	74160
	Abdomen without contrast	74150
	Abdoment w + wo contrast	74170
	Abdomen / Pelvis with contrast	74177
	Abdomen / Pelvis without contrast	74176
	Abdoment / Pelvis w + wo contrast	74178
	Hip (Acetabulum) without contrast	72192
	Pelvis with contrast	72193
	Pelvis without contrast	72192
	Pelvis w + wo contrast	72194
	Chest	
	Cardiac Scoring (self-pay exam $150)	75571
	Chest with contrast	71260
	Chest without contrast	71250
	Chest without contrast (High Resolution)	71250
	Chest with contrast (High Resolution)	71260
	Chest w + wo contrast	71270
	Chest/Abdomen/Pelvis with contrast	71260
	Chest/Abdomen/Pelvis without contrast	71250
	Chest/Abdomen/Pelvis w + wo contrast	71260
	Head/Neck	
	Brain (Head) without contrast	70450
	Brain (Head) with contrast	70460
	Brain (Head) w + wo contrast	70470
	Facial Bones without contrast	70486
	Facial Bones with contrast	70487
	Head w + wo contrast	70450
	Neck Soft Tissue with contrast	70491
	Neck Soft Tissue without contrast	70490
	Neck Soft Tissue w + wo contrast	70492
	Orbits without contrast	70480
	Orbits with contrast	70481
	Orbits w + wo contrast	70482
	Sinuses - Maxillofacial without contrast	70486
	Sinuses - Maxillofacial withcontrast	70487
	Sinuses - Maxillofacial w + wo contrast	70488
	Temporal Bones without contrast	70480
	Extremeties	
	Lower Extremity with contrast L___R___	73701
	Lower Extremity without contrast L___R___	73700
	Lower Extremity w + wo contrast L___R___	73702
	Upper extremity with contrast L___R___	73201
	Upper extremity without contrast L___R___	73200

	Spine	
	Cervical Spine with contrast	72126
	Cervical Spine without contrast	72125
	Cervical Spine w + wo contrast	72127
	Lumbar Spine with contrast	72132
	Lumbar Spine without contrast	72131
	Lumbar Spine w + wo contrast	72133
	Thoracic Spine with contrast	72129
	Thoracic Spine without contrast	72128
	Thoracic Spine w + wo contrast	72130
	Computed Tomography Angiography (CTA)	
	CT Angio Abdomen w + wo contrast *	71475
	CT Angio Abdomen with runoff *	75635
	CT Angio Abdomen/Pelvis w + wo contrast *	74174
	CT Angio Chest (inluding for PE)	71275
	CT Angio Chest Abdomen	71275
	CT Angio Head w + wo contrast	70496
	CT Angio Heart & Arteries with function	75574
	CT Angio Neck w + wo contrast	70498
	CT Angio Pelvis with contrast *	72191
	* w/ Oral Contrast	
	Other Requests	
	CT Exam Limited: Location _____	76497
	CT Low Dose (use lose dose requisition)	71250
	Other please specify: _____	

Physician Signature _____ Date _____ Time _____