



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		Spine	
Abdomen AAA (runoff)	75635	Cervical Spine with contrast	72126
Abdomen with contrast	74160	Cervical Spine without contrast	72125
Abdomen without contrast	74150	Cervical Spine w + wo contrast	72127
Abdoment w + wo contrast	74170	Lumbar Spine with contrast	72132
Abdomen / Pelvis with contrast	74177		
Abdomen / Pelvis without contrast	74176	Lumbar Spine without contrast	72131
Abdoment / Pelvis w + wo contrast	74178	Lumbar Spine w + wo contrast	72133
Hip (Acetabulum) without contrast	72192	Thoracic Spine with contrast	72129
Pelvis with contrast	72193	Thoracic Spine without contrast	72128
Pelvis without contrast	72192	Thoracic Spine w + wo contrast	72130
Pelvis w + wo contrast	72194	Computed Tomography Angiography (CTA)	
Chest		CT Angio Abdomen w + wo contrast *	71475
Cardiac Scoring (self-pay exam \$150)	75571	CT Angio Abdomen with runoff *	75635
Chest with contrast	71260	CT Angio Abdomen/Pelvis w + wo contrast *	74174
Chest without contrast	71250	CT Angio Chest (including for PE)	71275
Chest without contrast (High Resolution)	71250	CT Angio Chest Abdomen	71275
Chest w + wo contrast	71270	CT Angio Head w + wo contrast	70496
Authrization to include relevant CPT codes		CT Angio Heart & Arteries with function	75574
Chest/Abdomen/Pelvis with contrast		CT Angio Neck w + wo contrast	70498
Chest/Abdomen/Pelvis without contrast		CT Angio Pelvis with contrast *	72191
Chest/Abdomen/Pelvis w + wo contrast		* w/ Oral Contrast	
Head/Neck		Other Requests	
Brain (Head) without contrast	70450	CT Exam Limited: Location _____	76497
Brain (Head) with contrast	70460		
Brain (Head) w + wo contrast	70470	CT Low Dose (use lose dose requisition)	71250
Facial Bones without contrast	70486	Other please specify: _____	
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		

Physician Signature _____

Date _____

Time _____