

PATIENT LAST NAME PATIENT FULL FIRST NAME TODAY'S DATE DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):

ICD-10:

PHYSICIAN SIGNATURE (REQUIRED) PHYSICIAN NAME (PRINTED OR STAMPED) PHYSICIAN ADDRESS

PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

MRI (MAGNETIC RESONANCE IMAGING)

- 16 MRI Chest: No IV Contrast 71550
29 MRI Upper Extremity Joint: No IV Contrast 73221
30 MRI Upper Extremity Joint: Pre + Post IV Contrast 73223
31 MR Arthrogram Upper Extremity Joint:
32 MRI Upper Extremity Non-Joint: No IV Contrast 73218
33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220
34 MRI Lower Extremity Joint: No IV Contrast 73721
35 MRI Lower Extremity Joint: Pre + Post IV Contrast 73723
36 MR Arthrogram Lower Extremity Joint
37 MRI Lower Extremity Non-Joint: No IV Contrast 73718
38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720
27 MRI Pelvis: No IV Contrast 72195
39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast 74185, 72198, 73725, 73725
40 MRI Cervical Spine: No IV Contrast 72141
41 MRI Cervical Spine: Pre + Post IV Contrast 72156
42 MRI Thoracic Spine: No IV Contrast 72146
43 MRI Thoracic Spine: Pre + Post IV Contrast 72157
44 MRI Lumbar Spine: No IV Contrast 72148
45 MRI Lumbar Spine: Pre + Post IV Contrast 72158
46 Other

CT (COMPUTED TOMOGRAPHY)

- 84 CT Cervical Spine: No IV Contrast 72125
85 CT Thoracic Spine: No IV Contrast 72128
86 CT Lumbar Spine: No IV Contrast 72131
87 CT R L Upper Extremity: No IV Contrast 73200
88 CT R L Upper Extremity: Post IV Contrast Only 73201
89 CT Arthrogram R L Upper Extremity
90 CT R L Lower Extremity: No IV Contrast 73700
91 CT R L Lower Extremity: Post IV Contrast Only 73701
92 CT Arthrogram R L Lower Extremity
78 CT Pelvis: No Oral, No IV Contrast 72192
83 CTA Runoff: No Oral, Post IV Contrast Only 75635
93 Other

NUCLEAR MEDICINE

- 220 Bone Scan-Whole Body 78306
221 Bone Scan 3 Phase 78315 Region
222 Bone Scan Spect 78320 Region
223 Other

ULTRASOUND

- 108 Extremity Doppler Ultrasound
Venous for DVT Upper Lower
Arterial Upper
Arterial Lower
109 US Extremity 76881 R L
119 Other

X-RAY

- 120 X-Ray Head
122 X-Ray Chest
124 X-Ray Spine
125 X-Ray Series
126 Skeletal Xray Survey
127 Other

DEXA

- 160 Dexa Hips, Lumbar, Wrist 77080
161 Dexa Hips, Lumbar 77080
162 Dexa with LVA 77085
Indications:

INTERVENTIONAL

- 176 MSK Fluoro-Guided RT LT
Shoulder Elbow Wrist Hip Knee Ankle Foot
177 MSK Ultrasound-Guided RT LT
Shoulder Elbow Wrist Hip Knee Ankle
178 Other

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Extremity, Non Joint: Forearm Thigh Hand / Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint Non Contrast Upper Extremity / Lower Extremity	Fracture / Stress Fracture Muscle / Tendon Tear	73218/73718	32/37
Extremity, Non Joint: Forearm Thigh Hand/Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Cellulitis Morton's Neuroma	73220/73720	33/38
Extremity, Joint: Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Non Contrast Upper Extremity / Lower Extremity	Arthritis Cartilage Tear Fracture/Stress Fracture Internal Derangement	73221/73721	29/34
Extremity, Joint: Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Cellulitis	73223/73723	30/35
Joint: Arthrogram	MRI Joint Post Contrast	Intra-articular Injection	73222/73722	31/36
Chest - MSK	MRI Chest Non Contrast	AC Joint Pain SC Joint Pain Scapula	71550	16

MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness	72141	40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72156	41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72146	42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72157	43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72148	44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs)	72158	45

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brachial Plexus	MRI Chest Non Contrast	Brachial Plexus Neuropathy	71550	16
Peripheral Angiography	MRA Abd/Pel and Lower Extremity Runoff Post IV ONLY Contrast	Claudication	74185/ 72198/ 73725/ 73725	39

