

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
27 MRI Pelvis: No IV Contrast 72195
32 MRI Upper Extremity Non-Joint: No IV Contrast 73218
33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220
29 MRI Upper Extremity Joint: No IV Contrast 73211
30 MRI Upper Extremity Joint: Pre+Post IV Contrast 73223
34 MRI Lower Extremity Joint: No IV Contrast 73721
35 MRI Lower Extremity Joint: Pre + Post IV Contrast 73723
37 MRI Lower Extremity Non-Joint: No IV Contrast 73718
38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720
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
49 Other

CT (COMPUTED TOMOGRAPHY)

- 66 CT Chest: NO IV Contrast 71250
68 CT Chest: Post IV Contrast ONLY 71260
78 CT Pelvis: No Oral, No IV Contrast 72192
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
90 CT R L Lower Extremity: No IV Contrast 73700
91 CT R L Lower Extremity: Post IV Contrast Only 73701
83 CTA Runoff: No Oral, Post IV Contrast Only 75635
99 Other

X-RAY

- 122 X-Ray Chest
124 X-Ray Spine
125 X-Ray Extremities
126 Skeletal Xray Survey
129 Other

INTERVENTIONAL

- 176 MSK Fluoro-Guided R L
Shoulder
Elbow
Wrist
Hip
Knee
Ankle
Foot
177 MSK Ultrasound-Guided R L
Shoulder
Elbow
Wrist
Hip
Knee
Ankle
Foot
179 Other

ULTRASOUND

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

CHEST CT

NO IV CHEST 71250		YES IV CHEST 71260
<ul style="list-style-type: none"> • Asbestos Exposure • ILD/Fibrosis/Bronchiectasis/HRCT • Sarcoid F/U • Effusion 	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease • Atelectasis • Pulmonary Edema • Congestive Heart Failure 	<ul style="list-style-type: none"> • Widened Mediastinal and Hilar Adenopathy • First Time Sarcoid (R/O) • First Time Aortic Aneurysm (R/O) • Central Lung Cancers

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	Osteomyelitis Soft Tissue Tumor/Mass Ulcer	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	Joint Pain Ligament Tear Meniscal Tear Muscle / Tendon Tear	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	Osteomyelitis Tumor / Mass Ulcer	73223/73723 30/35
Chest - MSK	MRI Chest Non Contrast	AC Joint Pain SC Joint Pain Scapula	Sternum Brachial Plexus	71550 16
Pelvis - MSK	MRI Pelvis Non Contrast	Muscle / Tendon Tear Pelvic Pain	Sacrum/ Coccyx SI Joints	72195 27
Pelvis - MSK	MRI Pelvis Pre and Post IV Contrast	Abscess / Ulcer	Osteomyelitis	72197 26

