



246 E. Main St., Route 123
Norton, MA 02766

Services provided by:
Imaging Consultants, Inc.

Scheduling Phone: 508 285-2523
Toll-Free: 866 674-2174
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MRI ORDER FORM

Patient Name: _____ Referring Physician: _____

Patient Phone: _____ Physician Phone: _____

Patient D.O.B: _____ Fax: _____

REQUESTED PROCEDURES

MRI				MRA (Does not include MRI)	
<input type="checkbox"/> Brain	<input type="checkbox"/> Wrist	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Brain Angio	
<input type="checkbox"/> Cervical	<input type="checkbox"/> Elbow	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Neck Angio	
<input type="checkbox"/> Thoracic	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Brain & Neck Angio	
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Hips	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Chest Angio	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Knee	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Abdomen Angio	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Ankle (hindfoot)	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Pelvis Angio	
	<input type="checkbox"/> foot (forefoot)	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Lower Leg Angio	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Other Scan: _____				<input type="checkbox"/> Run Off	
				Other: _____	

Symptoms: _____

Diagnosis: _____

Billing Information: Health Ins MVA W/C Other Authorization #: _____

Insurance Company: _____ Policy #: _____

Appointment date/time/location: _____ Call patient to book appointment

Please check following box(es) if the referring physician is willing to defer to the radiologist's judgement on whether the use of:

- Contrast is medically necessary Orbital x-rays are necessary
(Such additional procedures could result in additional charges to patients and to government payers)

Physician Signature: _____ Today's Date: _____

MRI CPT CODING GUIDE

Brain (Use for IAC's or Pituitary)

- 70551 - w/o contrast
- 70552 - w/ contrast
- 70553 - w/o&w/ contrast

Orbit, Face & Neck

- 70540 - w/o contrast
- 70542 - w/ contrast
- 70543 - w/o&w/ contrast

70336 TMJ

Shoulder, Elbow, Wrist, or Clavicle (Upper extremity, joint)

- 73221 - w/o contrast
- 73222 - w/ Contrast
- 73223 - w/o&w/ contrast

Humerus, Forearm, Hand (Upper extremity, other than joint)

- 73218 - w/o contrast
- 73219 - w/ contrast
- 73220 - w/o&w/contrast

Hip, knee, ankle (Lower extremity, joint)

- 73721 - w/o contrast
- 73722 - w/ contrast
- 73723 - w/o&w/ contrast

Thigh, Lower Leg, Foot (Lower extremity, other than joint)

- 73718 - w/o contrast
- 73719 - w/ contrast
- 73720 - w/o&w/ contrast

Chest (Axilla)

- 71550 - w/o contrast
- 71551 - w/ contrast
- 71552 - w/o&w/ contrast

Breast

- 77058 - Unilateral
- 77059 - Bilateral
- 0159T CAD w\77058-9 only

77021 - Needle Loc for BX

Abdomen

- 74181 - w/o contrast
- 74182 - w/ contrast
- 74183 - w/o&w/ contrast

Pelvis (Sacrum\SI Joints)

- 72195 - w/o contrast
- 72196 - w/ contrast
- 72197 - w/o&w/ contrast

Cervical Spine

- 72141 - w/o contrast
- 72142 - w/ contrast
- 72156 - w/o&w contrast

Thoracic Spine

- 72146 - w/o contrast
- 72147 - w/ contrast
- 72157 - w/o&w contra

Lumbar Spine

- 72148 - w/o contrast
- 72149 - w/ contrast
- 72158 - w/o&w/ contra

Other MR Studies:

- 75557 Cardiac morphology & function w/o contrast
- 75558** " w/flow vel & qant w/o contrast
- 75559 " with stress imaging w/o contrast
- 75560** " w/flow/velocity quant & stress w/o contrast
- 75561 Cardiac morphology & function w\ & w\o contra
- 75562** " with flow/velocity quant w\ & w\o contrast
- 75563 " with stress imaging w\ & w\o contrast
- 75564** " with flow/velocity quant and stress w\ & w\o contrast
- 77084 Bone Marrow Blood Supply
- 76390 Magnetic resonance spectroscopy-use appropriate MRI body site code
- 77021 MR Guidance for Bx or Needle Placement
- 76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

S8037 MRCP - use MRI abdomen codes

MRAs (Angiograms):

- 70544 Head w/o contrast
- 70545 Head w/ contrast
- 70546 Head w/o&w/contrast
- 70547 Neck w/o contrast
- 70548 Neck w/ contrast
- 70549 Neck w/o&w/contrast
- 71555 Chest w/o or w/contrast
- 72159** Spinal Canal w/o or w/contrast
- 72198 Pelvis w/o or w/contrast
- 73225** Upper Extremity w/o or w/contrast
- 73725 Lower Extremity w/o or w/contrast
- 74185 Abdomen w/o or w/contrast

Revised 01.09.2009

Red items are Non-Covered Procedures

Medicare & Harvard Pilgrim will not cover the red cardiac exams. Majority of the insurance carriers will not cover MRA Upper Extremity or MRA of the spinal canal

