Augusta HEALTH	**Radiology Request-MRI** **Scheduling** 540-332-4400 **Fax** 540-332-4490

Patient Name _____ DOB _____ Weight _____ Appt. Date/Time _____

Patient Address _____ Phone _____

Insurance _____ Policy #_____ Group # _____

Ins. Subscriber/DOB _____ Relation to Patient _____

Pre-Auth Required: Y ___ N ___ Pre-Auth# _____ Packet Given: Y ___ N ___

Reason for Exam _____

Please answer the following questions with patient in office	**Instructions if yes:**
Do you have a pacemaker or defibrillator? Y __ N __	**PATIENT CAN NOT HAVE MRI**
Has the patient had any eye, ear, or brain surgery? Y __ N __	Please obtain additional surgical info
Is the patient claustrophobic? Y __ N __	Please provide patient w/ sedation meds
Has the patient done any grinding or welding? Y __ N __	Please send patient to X-Ray for orbit images
Check box for Orbit X-Rays ☐	
If the patient is over the age of 60, or diabetic, and requires contrast, BUN and CRET results within 30 days are required	Please fax BUN/CRET results from past 30 days
If testing needed: ___ **BUN/CRET lab order**	___ **Fax results: RAD-LS130**

MRI Exam	**CPT**	**MRI Exam**	**CPT**
☐ Abdomen with/without contrast w/ MRCP	74183	☐ Knee without contrast L __ R __	73721
☐ Abdomen with/without contrast	74183	☐ Knee with/without contrast L __ R __	73723
☐ MRA Abdomen with contrast	74185	☐ Shoulder without L __ R __ (Upper Extremity Joint ANY)	73221
☐ MRA Abdomen without contrast	74185	☐ Hip without contrast L __ R __	73721
☐ MRA Abdomen with/without contrast	74185	☐ Pelvis without contrast	72195
☐ MRA Bil Lower Extremity with/wo cont	73725	☐ Pelvis with/without contrast	72197
☐ MRA Head without contrast	70544	☐ Foot without contrast L __ R __	73718
☐ MRA Neck with contrast	70548	☐ Foot with/without contrast L __ R __	73720
☐ Brain and Stem with/without contrast	70553	☐ Ankle without contrast L __ R __	73721
☐ Brain and Stem without contrast	70551	☐ Ankle with/without contrast L __ R __	73723
☐ Cervical Spine without contrast	72141	☐ Hand without contrast L __ R __	73218
☐ Cervical Spine with/without contrast	72156	☐ Wrist without contrast L __ R __	73221
☐ Thoracic Spine without contrast	72146	☐ MRI/X-ray Shoulder Arthrogram L __ R __ **X-Ray portion-Pre-Cert 77002 & 23350 also**	73222
☐ Thoracic Spine with/without contrast	72157	☐ MRI/X-ray Hip Arthrogram L __ R __ **X-Ray portion-Pre-Cert 77002 & 27093 also**	73722
☐ Lumbar Spine without contrast	72148	☐ MRI/X-ray Wrist Arthrogram L __ R __ **X-Ray portion-Pre-Cert 77002 & 25246 also**	73222
☐ Lumbar Spine with/without contrast	72158		
☐ Sacrum/Coccyx (charged as MRI Pelvis)	72195		
☐ Other Exam: (Please Specify) ___ With ___ Without ___ With and Without			

For all Arthrogram procedures, patient will need to stop taking blood thinner medications prior to the appointment.

Wet Read Y ☐ N ☐ Patient leave if negative? Y ☐ N ☐ Results will be faxed

Physician Signature_____ Date_____ Time _____

July 2021