Augusta Health	**Radiology Request- CT** **Scheduling** 540-332-4400 **Fax** 540-332-4490

*****Patient May Need to Pick Up Oral Prep*****

Patient Name _____ DOB _____ Weight _____

Patient Address _____ Phone _____

Pre-Auth Required: Y ___ N ___ Pre-Auth# _____ Appt. Date/Time _____

Reason for Exam _____

Please fax BUN/Creatinine to 540-332-4490

Torso (Body)	CPT	Neuro	CPT
☐ Abdomen with contrast	74160	☐ Brain (Head) without contrast	70450
☐ Abdomen without contrast	74150	☐ Brain (Head) with contrast	70460
☐ Abdomen without and with contrast (Liver, Pancreas, Renal mass, Adrenal mass)	74170	☐ Brain (Head) without and with contrast	70470
☐ Pelvis with contrast	72193	☐ Neck Soft Tissue with contrast	70491
☐ Pelvis without contrast	72192	☐ Sinuses without contrast	70486
☐ Abdomen/Pelvis with contrast	74177	☐ Sinuses with contrast	70487
☐ Abdomen/Pelvis without contrast	74176	☐ Facial Bones without contrast	70486
☐ Abdomen/Pelvis without and with contrast	74178	☐ Facial Bones with contrast	70487
☐ Chest/Abdomen/Pelvis with contrast	74177 71260	☐ Orbits without contrast	70480
☐ Chest/Abdomen/Pelvis without contrast	74176 71250	☐ Orbits with contrast	70481
☐ CT Angio Chest (including for PE)	71275	☐ Cervical Spine without contrast	72125
☐ CT Angio Abdomen with contrast	74175	☐ Cervical Spine with contrast	72126
☐ CT Angio Abdomen and Pelvis w/contrast	74174	☐ Thoracic Spine without contrast	72128
☐ CT Angio Abdomen with runoff	75635	☐ Thoracic Spine with contrast	72129
☐ Chest with contrast	71260	☐ Lumbar Spine without contrast	72131
☐ Chest without contrast	71250	☐ Lumbar Spine with contrast	72132
☐ Hi-Resolution Chest without contrast	71250	☐ Temporal Bones without contrast	70480
☐ Enteroclysis (CT Abd/Pelvis with NeuLumEx)	74177	☐ Temporal Bones with contrast	70481
☐ Cardiac Scoring	75571	☐ CT Angio Head with contrast	70496
☐ CT Urogram (IVP)	74178	☐ CT Angio Neck with contrast	70498
Extremity	**CPT**	**Extremity**	**CPT**
☐ Acetabulum (Hip) without contrast	72192	☐ CT Shoulder Arthrogram L ☐ R ☐	73201 77002 23350
☐ Upper Extremity with contrast	73201	☐ Lower Extremity without contrast	73700
☐ Upper Extremity without contrast	73200	☐ Lower Extremity with contrast	73701
☐ **Other Exam:** (Please specify)		**Contrast:** With: ☐ Without: ☐ With & Without: ☐	

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

Physician Signature_____ **Date:** _____ **Time:** _____

Reviewed 4/16/2024, Policy Manager