Augusta Health

Radiology Request- MRI
Scheduling 540-332-4400 **Fax** 540-332-4490
PV NPI# 1720717044 **Main NPI#** 1053301127

Patient Name _____ DOB _____ Weight _____

Patient Address _____ Phone _____

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

Reason for Exam _____

Check box for Orbit X-Rays ☐ Reason for Orbit X-Ray: _____

Is this a follow-up study: Y ☐ N ☐ Initial study date: _____ F/U range: ☐6 MO ☐12 MO ☐Other _____

MRI Exam	CPT Code	MRI Exam	CPT Code
Body		**Extremities Non-Joint with and without contrast**	
☐ Abdomen with/without contrast	74183	☐ Forearm with and without contrast L ☐ R ☐	73220
☐ Breast with and without con	77049	☐ Humerus with and without contrast L ☐ R ☐	73220
☐ Enterography	74183 72197	☐ Scapula with and without contrast L ☐ R ☐	73220
☐ MRA Abdomen with contrast	74185	☐ Tibia/Fibula with and without con L ☐ R ☐	73718
☐ Prostate with and without contrast with 3D	72197 76377(3D)	☐ Femur with and without contrast L ☐ R ☐	73720
☐ Sacrum/Coccyx/SI Joints (charged as Pelvis)	72195	☐ Foot with and without contrast L ☐ R ☐	73720
Neuro		**Extremities Joint without contrast**	
☐ Brain and Stem with and without contrast	70553	☐ Ankle without contrast L ☐ R ☐	73721
☐ Brain and Stem without contrast	70551	☐ Elbow without contrast L ☐ R ☐	73221
☐ Cervical Spine with and without contrast	72156	☐ Finger/Thumb without contrast L ☐ R ☐	73221
☐ Cervical Spine without contrast	72141	☐ Foot without contrast L ☐ R ☐	73718
☐ Face with and without contrast	70543	☐ Hand without contrast L ☐ R ☐	73218
☐ Lumbar Spine with and without contrast	72158	☐ Hip without contrast L ☐ R ☐	73721
☐ Lumbar Spine without contrast	72148	☐ Knee without contrast L ☐ R ☐	73721
☐ MRA Head without contrast	70544	☐ Shoulder without contrast L ☐ R ☐	73221
☐ MRA Neck with contrast	70548	☐ Toes without contrast L ☐ R ☐	73721
☐ MRV Head with and without contrast	70546	☐ Wrist without contrast L ☐ R ☐	73221
☐ Neck (soft tissue) with and without contrast	70543	**Extremities Joint with and without contrast**	
☐ Orbit with and without contrast	70543	☐ Ankle with and without contrast L ☐ R ☐	73723
☐ Thoracic Spine with and without contrast	72157	☐ Elbow with and without contrast L ☐ R ☐	73223
☐ Thoracic Spine without contrast	72146	☐ Finger/Thumb with and without con L ☐ R ☐	73223
☐ TMJ without contrast	70336	☐ Foot with and without contrast L ☐ R ☐	73720
Extremities Non-Joint without		☐ Hip with and without contrast L ☐ R ☐	73723
☐ Femur without contrast L ☐ R ☐	73718	☐ Knee with and without contrast L ☐ R ☐	73723
☐ Foot without contrast L ☐ R ☐	73718	☐ Shoulder with and without con L ☐ R ☐	73223
☐ Forearm without contrast L ☐ R ☐	73218	☐ Toes with and without contrast L ☐ R ☐	73723
☐ Humerus without contrast L ☐ R ☐	73218	☐ Wrist with and without contrast L ☐ R ☐	73223
☐ Scapula without contrast L ☐ R ☐	73218		
☐ Tibia/Fibula without contrast L ☐ R ☐	73718		
☐ Other Exam: (Please Specify)		☐With ☐Without ☐With and Without	
Arthrograms			
☐ MRI/X-Ray Shoulder Arthro L ☐ R ☐	73222	**(X-Ray portion Pre-Cert 77002 & 23350)**	
☐ MRI/X-Ray Hip Arthrogram L ☐ R ☐	73222	**(X-Ray portion Pre-Cert 77002 & 27093)**	
☐ MRI/X-Ray Wrist Arthrogram L ☐ R ☐	73222	**(X-Ray portion Pre-Cert 77002 & 25246)**	

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

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

Physician Signature _____ Date _____ Time _____