



# Outpatient Radiology Order Form



NorthStar Medical Offices (next to the hospital)  
77 W. Forest Ave., Ste. 101 • Flagstaff, AZ 86001-1482  
Phone: (928) 773-2515 • Fax: (928) 214-2859

Appt Date/Time	Arrival Time	Suite #
Patient's Legal Name	D.O.B.	Patient's Phone Number
Insurance	Prior Authorization #	
<small><b>PHYSICIAN OFFICES:</b> Tests cannot be performed without listing the signs/symptoms and/or reason(s) for each test ordered along with the ICD-10 code. Federal law requires that we inform you when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, physicians should only order tests that are medically necessary for the diagnosis and treatment of the patient, not for screening purposes. Including Medicare and Medicaid, physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes. Please Note - ICD-10 Codes are not designed to replace appropriate history and are often misleading.</small>		
<b>REASON FOR TEST TO BE PERFORMED</b> <i>Your office will be contacted prior to test being performed if a reason for the test is not given.</i>		
<b>HISTORY/SYMPTOMS/DIAGNOSIS</b>	<b>ICD-10 CODES</b>	
<b>SPECIAL INSTRUCTIONS</b>	<input type="checkbox"/> Stat Read / Call Report, Provide Contact # _____ <input type="checkbox"/> Hold patient @ NAR until ordering physician is notified <input type="checkbox"/> Steroid Prep for Known Iodine Allergy	

Contrast Injections must have Creatinine level drawn within 6 months if medically indicated or over 60 years old. Please send labs with order. NAR has the ability to perform Creatinine levels in house at the time of service. Please order below if indicated.

CT	CPT Code	CT (Cont.)	CPT Code	MRI (Cont.)	CPT Code
<input type="checkbox"/> Contrast as determined by Radiologist		<input type="checkbox"/> T-spine w/o contrast	72128	<input type="checkbox"/> Neck Soft Tissue w/o contrast	70540
<input type="checkbox"/> Abdomen w/contrast	74160	<input type="checkbox"/> Upper ext w/o contrast	73200	<input type="checkbox"/> Neck Soft Tissue w & w/o contrast	70543
<input type="checkbox"/> Abdomen w/o contrast	74150	<b>MYELOGRAM</b>		<input type="checkbox"/> Orbits/Face/Neck w & w/o contrast	70543
<input type="checkbox"/> Abdomen w & w/o contrast	74170	<input type="checkbox"/> Lumbar Myelogram	72265	Extremities	
<input type="checkbox"/> Aneurysm Study w/ contrast	74160	<input type="checkbox"/> Cervical Myelogram	72240	<input type="checkbox"/> w/o contrast <input type="checkbox"/> w & w/o contrast	
<input type="checkbox"/> Hematuria protocol w & w/o contrast	74178	<input type="checkbox"/> Thoracic Myelogram	72255	<input type="checkbox"/> Knee R L	
<input type="checkbox"/> Renal Stone study w/o contrast	74150	<b>PET/CT SCAN</b>		<input type="checkbox"/> Shoulder R L	
<input type="checkbox"/> Renal Mass (New DX only) w & w/o contrast	74170	<input type="checkbox"/> PET/CT Alzheimers	78814	<input type="checkbox"/> Other Extremity R L	
<input type="checkbox"/> Abd/Pel w/o contrast	74176	<input type="checkbox"/> PET/CT skull-thigh	78815	<input type="checkbox"/> Joint <input type="checkbox"/> Non-Joint	
<input type="checkbox"/> Abd/Pel w/ contrast	74177	<input type="checkbox"/> PET/CT whole body	78816	specify R L	
<input type="checkbox"/> Abd/Pel w & w/o contrast	74178	<b>MRI</b>			
<input type="checkbox"/> Chest/Abd/Pel w/contrast	71260/74177	No patients with pacemakers or aneurysm clips		<input type="checkbox"/> Pelvis Bony w/o contrast	72195
<input type="checkbox"/> Chest w/o contrast	71250	<input type="checkbox"/> Contrast as determined by Radiologist		<input type="checkbox"/> Pelvis Female w & w/o contrast	72197
<input type="checkbox"/> Chest w/ contrast	71260	<input type="checkbox"/> Abdomen w/o contrast	74181	<input type="checkbox"/> C-spine w/o contrast	72141
<input type="checkbox"/> Chest PE Eval w/ contrast	71260	<input type="checkbox"/> Abdomen w & w/o contrast	74183	<input type="checkbox"/> C-Spine w & w/o contrast	72156
<input type="checkbox"/> Chest Screening Cash only \$149.00	71260	<input type="checkbox"/> Enterography (abd/pel) w/ contrast	74183/72197	<input type="checkbox"/> T-spine w/o contrast	72146
<input type="checkbox"/> C-spine w/o contrast	72125	<input type="checkbox"/> MRCP	74181	<input type="checkbox"/> T-spine w & w/o contrast	72157
<input type="checkbox"/> Enterography abd/pel w/contrast	74177	<input type="checkbox"/> Chest w/o contrast	71550	<input type="checkbox"/> L-spine w/o contrast	72148
<input type="checkbox"/> Head w/ contrast	70460	<input type="checkbox"/> Chest w & w/o contrast	71552	<input type="checkbox"/> L-spine w & w/o contrast	72158
<input type="checkbox"/> Head w/o contrast	70470	<input type="checkbox"/> Brachial Plexus w/o contrast R L	71552	<b>MRI Angio</b>	
<input type="checkbox"/> L-spine w/o contrast	72131	<input type="checkbox"/> Brain w/o contrast	70551	<input type="checkbox"/> MRA Brain w/o contrast	70544
<input type="checkbox"/> Lower ext w/o contrast	73700	<input type="checkbox"/> Brain w & w/o contrast	70553	<input type="checkbox"/> MRV Brain w/o contrast	70544
<input type="checkbox"/> Max/Facial Bones w/o contrast	70486	Attn: <input type="checkbox"/> Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> AIC		<input type="checkbox"/> MRV Brain w & w/o contrast	70546
<input type="checkbox"/> Neck soft tissue w/ contrast	70491			<input type="checkbox"/> MRA Carotid w/o contrast	70547
<input type="checkbox"/> Facial Bones w/ contrast	70487			<input type="checkbox"/> MRA Carotid w & w/o contrast	70549
<input type="checkbox"/> Orbits/Temporal Bones w/o contrast	70480				
<input type="checkbox"/> Orbits/Temporal Bones w/ contrast	70482				
<input type="checkbox"/> Pelvis w/ contrast	72193				
<input type="checkbox"/> Pelvis w/o contrast	72192				
<input type="checkbox"/> Sinuses w/o contrast	70486			<input type="checkbox"/> Creatinine level	82565

Physician's Name \_\_\_\_\_

Ordering Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

X-Ray Walk-in	CPT Code	ULTRASOUND	CPT Code	PAIN INJECTIONS	CPT Code
<input type="checkbox"/> Chest 2 view	71046	<input type="checkbox"/> Abdomen Complete	76700	<b>C-Arm Fluoroscopy Procedures</b>	
<input type="checkbox"/> Ribs unilat w/ PA chest R L	71101	<input type="checkbox"/> Abdomen limited	76705	<input type="checkbox"/> Lumbar Puncture	62270
<input type="checkbox"/> Abdomen/KUB 1 view	74018	<input type="checkbox"/> Abdominal Aorta	76775	<input type="checkbox"/> Port-a-cath patency	36598
<input type="checkbox"/> Abdomen complete	74019	<input type="checkbox"/> AAA Screening Medicare	G0389		
<input type="checkbox"/> Abdomen Acute	74022	<input type="checkbox"/> Abd wall/lower back ST (Soft Tissue)	76705	<b>Fluroscopy Guided Steroid Injection</b>	77002
<input type="checkbox"/> Facial bones complete	70150	<input type="checkbox"/> Carotid	93880	<b>Major Joint</b>	20610
<input type="checkbox"/> Mandible limited R L	70100	<input type="checkbox"/> Chest/Upper back ST (Soft Tissue)	76604	<input type="checkbox"/> Shoulder R L	
<input type="checkbox"/> Nasal Bones complete	70160	<input type="checkbox"/> Ext (non-vascular ltd)	76882	<input type="checkbox"/> Hip R L	
<input type="checkbox"/> Sinuses 2 views	70210	<input type="checkbox"/> Ext veins DVT study Bilat	93970	<input type="checkbox"/> Knee R L	
<input type="checkbox"/> Sinuses complete	70220	<input type="checkbox"/> Ext veins DVT study R L	93971	<b>Intermediate Joint</b>	20605
<input type="checkbox"/> Skull 3 views or less	70250	<input type="checkbox"/> Infant Hips < 4 mos	76885	<input type="checkbox"/> Elbow R L	
<input type="checkbox"/> Water's View only	70210	<input type="checkbox"/> Infant Spine < 4 mos	76800	<input type="checkbox"/> Wrist R L	
<input type="checkbox"/> C-spine 2-3 views	72040	<input type="checkbox"/> OB >14wks single fetus	76801	<input type="checkbox"/> Ankle/Tibiotalar R L	
<input type="checkbox"/> C-spine 4-5 views	72050	<input type="checkbox"/> OB > 14 wks add'l fetus	76802	<b>Small Joint</b>	20600
<input type="checkbox"/> C-spine Complete w F/E	72052	<input type="checkbox"/> OB <14 wks single fetus	76805	<input type="checkbox"/> Hand/Wrist R L	
<input type="checkbox"/> T-spine 3 views	72072	<input type="checkbox"/> OB <14 wks add'l fetus	76810	<input type="checkbox"/> Specify joint _____	
<input type="checkbox"/> L-spine 2-3 views	72100	<input type="checkbox"/> OB limited	76815	<input type="checkbox"/> Foot R L	
<input type="checkbox"/> L-spine w/obliques	72110	<input type="checkbox"/> Parcentesis	49083	<input type="checkbox"/> Specify joint _____	
<input type="checkbox"/> L-spine F/E only	72120	<input type="checkbox"/> Pelvic Routine w/ duplex	76856		
<input type="checkbox"/> Sacrum/Cocccyx	72220	<input type="checkbox"/> Pelvic w/o transvag	76856	<b>CT Guided Steroid Injection</b>	
<input type="checkbox"/> S/I Joints 3 views bilat	72202	<input type="checkbox"/> Renal	76770	<b>Lumbar Injections</b>	
<input type="checkbox"/> Scoliosis series AP only	72081	<input type="checkbox"/> Scrotum w/ duplex	76870	<input type="checkbox"/> ESI epidural	62321
<input type="checkbox"/> AC Joints w & w/ weights	73050	<input type="checkbox"/> Spleen	76705	<input type="checkbox"/> TFSE R L	64483
<input type="checkbox"/> Clavicle R L	73000	<input type="checkbox"/> Thyroid /Neck	76536	<input type="checkbox"/> Tranforaminal level _____	
<input type="checkbox"/> Elbow R L	73070	<input type="checkbox"/> FNA Thyroid Nodule	10022	<input type="checkbox"/> Additional level _____	64484
<input type="checkbox"/> Finger R L	73140	Specify site		<input type="checkbox"/> Facet Joint R L	64493
<input type="checkbox"/> Forearm R L	73090	<input type="checkbox"/> Thoracentesis	32555	<input type="checkbox"/> Specify joint _____	
<input type="checkbox"/> Hand R L	73130	<b>NUCLEAR MEDICINE</b>		<input type="checkbox"/> Additional level _____	64494
<input type="checkbox"/> Humerus R L	73060	<input type="checkbox"/> Biliary scan/HIDA w/ CCK	78227	<input type="checkbox"/> SI Joint R L	27096
<input type="checkbox"/> Shoulder R L	73030	<input type="checkbox"/> Bone Scan whole body	78306	<b>Cervical Injections</b>	
<input type="checkbox"/> Wrist R L	73110	<input type="checkbox"/> Bone Scan 3 phase	78315	<input type="checkbox"/> ESI epidural	62321
<input type="checkbox"/> Ankle 3 views R L	73610	<input type="checkbox"/> Bone SPECT Scan	78320	<input type="checkbox"/> TFSE R L	64479
<input type="checkbox"/> Femur R L	73552	<input type="checkbox"/> Gastric Emptying	78264	<input type="checkbox"/> Tranforaminal level _____	
<input type="checkbox"/> Foot R L	73630	<input type="checkbox"/> Lymphoscintigraphy	78195	<input type="checkbox"/> Additional level _____	64480
<input type="checkbox"/> Heel/Calcaneus R L	73650	<input type="checkbox"/> Lymphoseek Dose only	78195	<input type="checkbox"/> Facet Joint R L	64490
<input type="checkbox"/> Hips bilat w/ Pelvis	73522	<input type="checkbox"/> Muga Scan	78472	<input type="checkbox"/> Specify joint _____	
<input type="checkbox"/> Hip uni w/Pelvis R L	73502	<input type="checkbox"/> Parathyroid Scan	78070	<input type="checkbox"/> Additional level _____	64491
<input type="checkbox"/> Knee 2 views R L	73560	<input type="checkbox"/> Renal Scan	78707		
<input type="checkbox"/> Standing Knees AP only	73565	<input type="checkbox"/> Thyroid I-123 uptake/scan	78014	<input type="checkbox"/> Hip Injection R L	20610
<input type="checkbox"/> Pelvis	72170			<input type="checkbox"/> Tendon Sheath	
<input type="checkbox"/> Tib/Fib lower leg R L	73590			<input type="checkbox"/> Bursa	
<input type="checkbox"/> Toes R L	73660			<input type="checkbox"/> Illiopsoas	
<input type="checkbox"/> Bone Age	77072			<input type="checkbox"/> Piriformis	
<input type="checkbox"/> Bone Survey (Metastases)	77074			<input type="checkbox"/> Ankle Injection R L	20605
<input type="checkbox"/> Leg Length/Scanogram	77073			<input type="checkbox"/> Subtalar	
<input type="checkbox"/> Hands/Wrists Arthritis views	73120				
Other _____ R L					
<b>Vein Clinic Venous Insufficiency</b>					
<input type="checkbox"/> Bilateral Eval/Clinical Consult	93970				
<input type="checkbox"/> Unilateral Eval/Clinical Consult	93971				
<b>ARTHROGRAM</b>					
<input type="checkbox"/> Specify <input type="checkbox"/> CT <input type="checkbox"/> MRI					
<input type="checkbox"/> Hip <input type="checkbox"/> Knee R L					
<input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist R L					
<input type="checkbox"/> Elbow R L					

Physician's Name

Ordering Physician's Signature

Date