



BRONSON
CT/MRI OUTPATIENT
ORDER FORM

Name (Last) (First) (M.I.)

Birth Date Maiden or Previous Name Sex M F

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms

All orders require a signature from the provider to process

Provider Signature: _____ Date _____ Time _____

Print Provider Name: _____

Visit/Encounter # _____ Unit Med. Record # _____

THIS WEBSITE CAN BE USED IF YOU DO NOT HAVE YOUR OWN CLINICAL DECISION SUPPORT SYSTEM:
<https://qcdsm.nationaldecisionsupport.com/>
 CLINICAL DECISION NUMBER or SESSION ID: _____
 DECISION SUPPORT APPROPRIATENESS SCORE: _____
 DECISION SUPPORT VENDOR: _____
 DECISION SUPPORT ADHERENCE or CONSULTATION RESULTS: _____

Does patient meet criteria for Hydration Protocol? yes no Lab result date: _____ Allergies Yes No
 GFR: _____ Creatinine: _____ (within 30 days of scheduled exam or new labs must be drawn) Allergy to X-ray Dye/Contrast Yes No

Additional: Clinical Data/Signs/Symptoms: _____ Special Instructions/Area(s) of Interest: _____

PATIENT'S CHART MUST BE AVAILABLE DURING SCHEDULING

Your patient's insurance may require authorization prior to having CT and MRI procedures. In order to proceed with the testing, please read the following statement to the patient's insurance company and record the authorization number on the blank.

"I am calling for authorization of *(the ordered procedure)* for both the facility and the provider interpretation." Authorization # _____

CT HEAD/NECK	CPT CODES	Spine Thoracic	72128, 72129, 72130	MRI UPPER EXTREMITY*	CPT CODES
Brain	70450, 70460, 70470	Spine Lumbar	72131, 72132, 72133	Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Brain Stereotactic	77011	Sacroiliac Joints	76380	Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Sella Turcica	70480, 70481, 70482	Sacrum	76380	Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Face	70486, 70487, 70488	Discogram Lumbar	72295, 62290, 72131	Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Orbit or Temporal Bones	70480, 70481, 70482	Discogram Thoracic	72285, 62291, 72128	Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Sinus	70486	Discogram Cervical	72285, 62291, 72125	Hand <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Soft Tissue Neck	70490, 70491, 70492			Finger/Thumb <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
CT CHEST		CT ANGIOGRAPHY		MRI LOWER EXTREMITY*	
Chest	71250, 71260, 71270	Chest Pulmonary Veins	71275	Hip <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
Chest Hi Res (Interstitial Lung Survey)	71250, 71260, 71270	Chest Pulmonary Emboli	71275	Thigh/Femur <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
Limited Lung Nodule	76380	Chest Aorta	71275	Knee <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
Heart Scan	75571	Head	70496	Calf/Tib Fib <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
		Head Venogram	70496	Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
		Neck	70498	Foot <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
		Chest Central Veins	71275		
CT ABDOMEN / PELVIS		Abdomen	74175	Post Arthrogram MRI - specify joint	
Abdomen and Pelvis	74176, 74177, 74178	Abdomen and Pelvis	74174	MRI SPINE*	
Abdomen	74150, 74160, 74170	Lower Extremity	73706	Spinal Cervical	72141, 72142, 72156
Abdomen 3 Phase Kidney	74170	Coronary Arteries	75574	Spine Thoracic	72146, 72147, 72157
Abdomen 3 Phase Liver	74170	Upper Extremity	73206	Spine Lumbar	72148, 72149, 72158
CT Abdomen/Pelvis Stone Protocol	74176	Pelvis	72191	Spine Lumbar feet first	72148, 72149, 72158
Adrenal	76380	Endograft	G0288, 74174	SI Joints	72195, 72196, 72197
Urogram (Abdomen & Pelvis)	74178	Lower Extremity Venogram Routine	76380	Sacrum	72195, 72196, 72197
Pelvis	72192, 72193, 72194	Renal	74175	Total Spine Screening	72141, 72142, 72156, 72146, 72147 72157, 72148, 72149, 72158
CT Enterography	74177	Abdomen Aorta with Runoff	75635	MR ANGIOGRAPHY HEAD/NECK/CHEST*	
Virtual Colonoscopy Diagnostic	74261, 74262	Head With Perfusion	70496, 0042T	Head	70544, 70545, 70546
Virtual Colonoscopy Screening	74263			Head Venogram	70544, 70545, 70546
CT UPPER EXTREMITY		MRI HEAD/NECK*		Neck	70547, 70548, 70549
Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Brain	70551, 70552, 70553	Chest	71555
Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Brain Stereotactic	77021	Chest Central Veins	71555
Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Face	70540, 70542, 70543	Chest Aorta	71555
Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Orbit	70540, 70542, 70543	MR ANGIOGRAPHY ABDOMEN/PELVIS*	
Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Temporomandibular Joint(s)	70336	Abdomen	74185
Hand/Fingers <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Spectroscopy	76390	Pelvis	72198
CT LOWER EXTREMITY		Neck Soft Tissue	70540, 70542, 70543	Renal Arteries	74185
Hip <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	MRI CHEST / HEART*		Mesenteric Arteries	74185
Thigh/Femur <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Chest	71550, 71551, 71552	MR ANGIOGRAPHY UPPER EXTREMITY*	
Knee <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Breast - Please refer to Breast Imaging and Bone Density order form		Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Calf/TIB/FIB <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Cardiac	75557, 75561	Arm/Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	MRI ABDOMEN / PELVIS*		Hand/Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Foot/Toes <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Abdomen	74181, 74182, 74183	MR ANGIOGRAPHY LOWER EXTREMITY*	
Post Arthrogram CT - specify joint		Pelvis	72195, 72196, 72197	Lower Extremity <input type="checkbox"/> RT <input type="checkbox"/> LT	73725
CT SPINE	CPT CODES	MRCP	74181, 74182, 74183	Aorta/Pelvis with Bilateral Runoffs	74181, 73718
Spine Cervical	72125, 72126, 72127	MRI Prostate	72197		

* Permission to proceed to Orbit x-ray if indicated

For driving directions and hours of operation, please visit www.bronsonhealth.com.