

McLaren Northern Michigan Outpatient MRI Order Form

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Patient's Name							Date of Birth	☐ Male)
Last:			First:			MI:		☐ Fem	nale
Patient's Address									
Street:			City:				State:	Zip:	
Insurance Information						Patient's Pl	hone		
						Daytime Phone: Cell:			
Patient's Height		Patient's Weight				Study to be performed at:			
					☐ Petoskey Campus ☐ Cheboygan Campu				
Medical Necessity: Fe	ederal red	ulations	require that only tests tha	t F	Pre-Screening				
			nt of a patient's condition b	-			at the patient is pregnant?	ΥΓ	□ N □
ordered. ICD-10 Code a	and clinica	al history for each test is required to				-	· · ·		
prove medical necessity					s the pati	ent diabetic?		Υ□	□N□
We would like to remind	d provider	s that we	that we cannot accept a diagnosis			Is there history of kidney problems?			□N□
that includes the terms	"PROBA	BLE", "POSSIBLE",			Does patient have pacemaker or defibrillator?				□ N□
"SUSPECTED", "RULE					Possibility of metal in eyes?				
Authorization number(s) if					If yes to metal in eyes, please check box at bottom right for "Pre-MRI Orbit X-rays"				□N□
(-,						h Blood Pressure?			
						<u> </u>			
				- ┗	ist Aller	gies:			
☐ Draw GFR on Co	ontract St	tudios a	s Indicated by Policy	l .		Pr	ocedure Date and Time:		
□ Diaw Gi K Oil CC	Jili asi Si	luules a	is indicated by Folicy				ocedure Date and Time.		
Please Complete/Pr	int/Sign a	and Fax	to Central Scheduling:	Fax# 23	31.487.7	<mark>'920-Tel# 2</mark>	31.487.3100-Toll Free#	866.487-	<mark>3100</mark>
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Peacon/Signs and S	Symptom	e for ove	nm:						
Reason/Signs and C	ymptom	S IUI EX							
Diagnosis Codo(s) f	or ovam	(ICD-10)	:						
Diagnosis Code(s)	OI EXAIII	(100-10)							
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Special Instructions	<u> </u>								
☐ Do Not Give IV Contrast	bey				☐ Send CD with Patient	☐ Includ	de 3-D		
Do Not Give IV Contrast			20) = 0001711 1100011101				= 00110 02 1111111 0110111		
MR CHEST/ABD/PELVIS	CPT#		TREMITY		CPT#	MR HEA	AD/NECK		CPT#
		MR EX	TREMITY	R 🗆 L 🗆					
MR CHEST/ABD/PELVIS	CPT#	MR EX	TREMITY	R 🗆 L 🗆	73218	☐ MRI Brain	AD/NECK wo (Routine)		CPT#
MR CHEST/ABD/PELVIS MRI Chest wo	CPT# 71550	MR EX	TREMITY per Extrem wo (Non Joint)		73218 73219	☐ MRI Brain	AD/NECK wo (Routine) w (Stealth, RT treatment plannin		CPT# 70551
MR CHEST/ABD/PELVIS MRI Chest wo MRI Chest w	CPT# 71550 71551	MR EX	PETER TO THE TOTAL CONTROL OF T	R□L□	73218 73219 73220	☐ MRI Brain ☐ MRI Brain	AD/NECK wo (Routine) w (Stealth, RT treatment plannin		CPT# 70551 70552
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MR CHEST/ABD/PELVIS MRI Chest wo MRI Chest w MRI Chest w/wo MRI Abdomen wo	CPT# 71550 71551 71552 74181	MR EX MRI Up MRI Up MRI Up MRI Up MRI Lov	TREMITY per Extrem wo (Non Joint) per Extrem w (Non Joint) per Extrem w/wo (Non Joint) wer Extrem wo (Non Joint) wer Extrem w (Non Joint)	R L	73218 73219 73220 73718 73719	☐ MRI Brain ☐ MRI Brain ☐ MRI Brain ☐ MRI TMJ ☐ MRI Face	AD/NECK wo (Routine) w (Stealth, RT treatment plannin w/wo Neck Orbit wo		70551 70552 70553 70336
MR CHEST/ABD/PELVIS MRI Chest wo MRI Chest w MRI Chest w/wo MRI Abdomen wo MRI Abdomen w MRI Abdomen w/wo	CPT# 71550 71551 71552 74181 74182 74183	MR EX MRI Up MRI Up MRI Up MRI Up MRI Lou MRI Lou MRI Lou	TREMITY per Extrem wo (Non Joint) per Extrem w (Non Joint) per Extrem w/wo (Non Joint) wer Extrem wo (Non Joint) wer Extrem w (Non Joint) wer Extrem w (Non Joint) wer Extrem w/wo (Non Joint)	R L	73218 73219 73220 73718 73719 73720	☐ MRI Brain ☐ MRI Brain ☐ MRI Brain ☐ MRI TMJ ☐ MRI Face ☐ MRI Face	AD/NECK wo (Routine) w (Stealth, RT treatment plannin w/wo Neck Orbit wo Neck Orbit w		CPT# 70551 70552 70553 70336 70540 70542
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