

**ORDER IS ONLY VALID FOR 30 DAYS**

**Phone: 281-440-2600 Fax: 281-440-2666**

NOTICE: Bills will be submitted for payment to Medicare, Medicaid, all other governmental programs, and third party payors based upon the diagnostic information provided by the treating physician.  ABN Attached



\*HNMP0\*

PATIENT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Last First MI  
 PHONE - Day: \_\_\_\_\_ Night: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
 BILL TO:  PATIENT  MEDICARE  INSURANCE  MEDICAID Appointment - Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*DIAGNOSES:\*\*** \_\_\_\_\_ **\*\*DIAGNOSES:\*\*** \_\_\_\_\_ **VO/TO**  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ **Read Back**   
 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. **Screening Test:** All tests ordered for the purpose of screening, including tests ordered as part of routine physical examinations, must be accompanied by an ABN completed by the ordering physician and signed by the patient. Medical Imaging facilities may not bill the patient for the service unless the ABN has been completed and signed prior to the rendition of the service(s).

X-Ray	CPT code
___ SINUSES, COMPLETE	70220
___ SHOULDER, COMP. ___R ___L	73030
___ CLAVICLE ___R ___L	73000
___ HUMERUS ___R ___L	73060
___ ELBOW COMPLETE ___R ___L	73080
___ FOREARM, 2 VIEW	73090
___ WRIST, COMPLETE ___R ___L	73110
___ HAND, COMPLETE ___R ___L	73130
___ FINGERS ___R ___L	73140
___ CHEST, 2-VIEW	71020
___ RIBS, UNILATERAL ___R ___L	71100
___ ACUTE ABDOMEN SERIES	74022
___ KUB (ABD. 1 VIEW)	74000
___ CERVICAL SPINE, COMPLETE	72050
___ THORACIC SPINE, COMPLETE	72072
___ LUMBAR SPINE, COMPLETE	72110
___ SACRUM & COCCYX	72220
___ HIP, UNILATERAL 2V ___R ___L	73510
___ FEMUR, 2 VIEW ___R ___L	73550
___ KNEE, COMPLETE ___R ___L	73564
___ TIB/FIB, 2 VIEW ___R ___L	73590
___ ANKLE, COMPLETE ___R ___L	73610
___ FOOT, COMPLETE ___R ___L	73630

ULTRASOUND	CPT code
___ SOFT TISSUE NECK/THYROID	76536
___ PELVIC COMPLETE/ TRANSVAGINAL	76856
	& 76830
___ ABDOMEN COMPLETE	76700
___ TRANSABDOMINAL OB <14 WKS AND TRANSVAGINAL	76801
	& 76817
___ TRANSABDOMINAL OB >14 WKS	76805
___ SCROTUM / TESTICULAR	76870
___ RENAL	76770
___ GALL BLADDER	76705
___ LIMITED OB	76815

CT	CPT code
___ HEAD/BRAIN W/O CONTRAST	70450
___ SINUS WITHOUT IV CONTRAST	70486
___ NECK WITH CONTRAST	70491
___ CHEST WITH IV CONTRAST	71260
___ ABDOMEN WITH IV CONTRAST	74160
___ ABDOMEN W/WO (NOT CTA)	74170
___ PELVIS WITH IV CONTRAST	72193
___ CT EXTREMITIES W/O ___UP	73200
<b>Specify:</b> ___LWR	73700
___ CTA ABDOMEN	74175
___ CTA ABDOMEN WITH RUNOFF	75635
___ CTA CHEST	71275
___ STONE SURVEY	74150 & 72192
<input type="checkbox"/> CONTRAST PER RADIOLOGIST'S DISCRETION	

MRI	CPT code
___ BRAIN W/WO	70553
___ BRAIN AND IAC W/WO	70553
___ SOFT TISSUE NECK W/WO	70543
___ CERVICAL SPINE W/O	72141
___ THORACIC SPINE W/O	72146
___ LUMBAR SPINE W/O	72148
___ MRI CHEST W/O	71550
___ MRI KIDNEY W/WO	74183
___ MRI LIVER W/WO	74183
___ MRCP (GALLBLADDER)	74181
___ EXTREMITY JOINT W/O ___UP	73221
<b>Specify:</b> ___LWR	73721
___ EXTR. LONG BONE W/O ___UP	73218
<b>Specify:</b> ___LWR	73718
<input type="checkbox"/> CONTRAST PER RADIOLOGIST'S DISCRETION	

MR ANGIOGRAPHY	CPT code
___ MRA HEAD (COW) W/O	70544
___ MRA NECK (CAROTIDS) W/WO	70549
___ MRA RENAL ARTERIES W/WO	74185
___ MRA AORTA W/WO	74185
___ MRA ABDOMEN W/WO	74185
___ MRA RUN-OFF (LWR EXT)	72198 & 73725

CARDIOPULMONARY	CPT code
___ EEG	95816
___ ECHOCARDIO. - 93307, 93320, & 93325	
___ HOLTER MONITOR	93225 & 93226
___ PULMONARY FUNCTION	94360, 94720, 94240, 94060 & 94260
___ EKG	93005
___ CAROTID ULTRASOUND	93880
___ VENOUS DOPPLER ___UP ___UNI	93971
___LWR ___BILAT	93970
___ TREADMILL STRESS TEST	93017
___ STRESS TEST - ADENOSINE	93017
___ STRESS TEST - DOBUTAMINE	93017
___ CARDIAC PERFUSION SCAN (NUCLEAR STRESS / REST)	78465
___ STRESS ECHO	93350
___ TILT TABLE EXAM	93660
___ TEE (TRANSESOPHAGEAL ECHOCARDIOGRAM)	93312

NUCLEAR MEDICINE	CPT code
___ BONE SCAN - WHOLE BODY	78306
___ BONE SCAN - 3 PHASE	78315
___ BONE SCAN - LIMITED	78300
___ BONE SCAN WITH SPECT	78320
___ THYROID UPTAKE/SCAN	78007
___ LUNG SCAN	78893
___ HIDA WITH KINEVAC	78223
___ HIDA SCAN NO KINEVAC	78223
___ RENAL WITH LASIX	78708
___ RENAL WITH CAPTOPRIL	78708

PET	CPT code
___ TUMOR LOCALIZATION (HEAD TO THIGH)	78812
___ WHOLE BODY (HEAD TO FOOT)	78813

FLUORO	CPT code
___ BARIUM ENEMA	74280
___ IVP	74410
___ IVP WITH LIMITED CT	74400 & 76380
___ UPPER GI	74247
___ UGI WITH SMALL BOWEL	74249

**OTHER EXAM or INSTRUCTIONS:** \_\_\_\_\_ **STAT Order:**

**CALL Report to Dr.:**

Radiologist's order/CPT code: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Radiologist's signature: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DR. FAX#:** \_\_\_\_\_

**PHYSICIAN NAME:** (Please Print Clearly): \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_

Patient Label

**Houston Northwest Medical Center**

**OUTPATIENT DIAGNOSTIC REQUISITION PHYSICIAN ORDER**



**Medicare** regulations require the tests to be medically necessary for the diagnosis and treatment of the patient to qualify for reimbursement from the program. The physician must be treating the patient in connection with the diagnosis or complaints listed and this information must accurately reflect the medical reasons for requesting these tests. The medical necessity of each test ordered on this requisition must be documented in the patient's medical record. Tests ordered for the purpose of screening, or which the physician believes to be appropriate even if the payor may not allow reimbursement, may not be billed to Medicare except for the purpose of receiving a denial. An Advance Beneficiary Note (ABN) must be signed by the beneficiary or authorized person and attached to this form indicating his/her willingness to assume financial responsibility for the testing.

**General Instructions for Governmental Payors:** All orders for medical imaging tests must include a statement of the medical reason for those tests. Please list the reason(s) for the exam below. If a specific test is not supported by documentation in the medical record or is clearly for screening purposes, the test must be designated as a "Screening Test" and must be accompanied by the signed ABN.

