LIVE HEALTHY IMAGING

6565 West Loop South, Suite 100
Bellaire, TX, 77401
Tel: (832) 344 3512 Fax: (832) 821-9038

General MRI order form (For cardiovascular MRI orders, flip page)			General
PATIENT'S LAST NAME	TODAY'S DATE	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD 10
PATIENT'S FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD 10
PATIENT'S PHONE (_ _ _) _ _ _ _ _ _ _ _	PATIENT'S ALT PHONE (_ _ _) _ _ _ _ _ _ _ _	If patient has **any** implants, describe:	**Is the patient on dialysis?** YES / NO
REFERRING PHYSICIAN NAME		Clinical Decision Support (CDS) ACR SELECT / OTHER:	CDS Auth #:
REF. PHYSICIAN PHONE (_ _ _) _ _ _ _ _ _ _ _	FAX RESULTS TO: (_ _ _) _ _ _ _ _ _ _ _	G CODE (from CDS) _____	G Code Modifier (two letters) _____
REFERRING PHYSICIAN SIGNATURE (REQUIRED)		PRE-AUTH NEEDED? ☐ YES ☐ NO	PRE-AUTH #:

	MR Protocol	w/o dye	With and w/o dye	Anatomy of interest
Head MRI	Brain MRI	☐ 70551	☐ 70553	☐ IAC ☐ Pituitary ☐ Brainstem
	Orbits	☐ 70540	☐ 70543	☐ Orbits ☐ Face ☐ Neck
	TMJ	☐ 70336	☐ 70336	
	Functional MRI	☐ 70554		Paradigm(s): _____
Spine MRI	Cervical	☐ 72141	☐ 72156	
	Thoracic	☐ 72146	☐ 72157	
	Lumbar	☐ 72148	☐ 72158	
Nerves	Brachial Plexus	☐ 73220	☐ 73220	
	Lumbo-Sacral Plexus	☐ 72195	☐ 72197	
Body MRI	Chest	☐ 71550	☐ 71552	☐ Mass ☐ Chest wall ☐ _____
	Abdomen	☐ 74181	☐ 74183	☐ Liver ☐ Kidneys ☐ Adrenals ☐ Pancreas ☐ MRCP
	Pelvis	☐ 72195	☐ 72197	☐ Prostate ☐ Bony Pelvis ☐ Uterus ☐ Rectal Ca
	MR Enterography		☐ 74183	Prep required; Add CPT 72197 MRI Pelvis
	MR Elastography	☐ 76391		
MSK MRI	Upper Extremity (R /L)	☐ 73218	☐73220	☐ Scapula ☐ Humerus ☐ Forearm ☐ Hand
	Upper Joints (R / L)	☐ 73221	☐ 73223	☐ Shoulder☐ Elbow ☐ Wrist
	Lower Extremity (R / L)	☐ 73718	☐ 73720	☐ Femur ☐ Tib/Fib ☐ Hindfoot ☐ Forefoot
	Lower Joints (R / L)	☐ 73721	☐ 73723	☐ Hip ☐ Knee ☐ Ankle
	MR Arthrogram -Upper		☐ 73222	☐ Shoulder☐ Elbow ☐ Wrist
	MR Arthrogram - Lower		☐ 73222	☐ Hip ☐ Knee ☐ Ankle
	Metastatic Survey	☐ 76498		Pre-authorization required for this procedure
MR Angiography / MRV	MRA Brain	☐ 70544	☐ 70546	
	MRA Neck	☐ 70547	☐ 70549	
	MRA Spine		☐ 72159	
	MRA Chest	☐ 71555	☐ 71555	Thoracic Ao, SVC, Subclavian, Thoracic outlet etc.
	MRA Abdomen	☐ 74185	☐ 74185	☐ Aorta ☐ Renal ☐ IVC ☐ Mesenteric
	MRA Pelvis	☐ 72198	☐ 72198	☐ Uterine ☐ Transplant renal (pre/post) ☐ DVT
	MRA Upper limb	☐ 73225	☐ 73225	Limb ischemia (Specify site R/L)
	MRA Lower limb	☐ 73725	☐ 73725	Limb ischemia
Breast	Breast (Unilateral)	☐ 77046	☐ 77048	☐ Right ☐ Left
	Breast (Bilateral)	☐ 77047	☐ 77049	☐ Implant leak evaluation
☐ Any special requests?				

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Cardiovascular MRI order form (For other MRI orders, flip page)

Cardiac

PATIENT'S LAST NAME	TODAY'S DATE	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD 10
PATIENT'S FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD 10
PATIENT'S PHONE (_ _ _) _ _ _ _ _ _ _ _	PATIENT'S ALT PHONE (_ _ _) _ _ _ _ _ _ _ _	If patient has **any** implants, describe:	**Is the patient on dialysis?** YES / NO
REFERRING PHYSICIAN NAME		Clinical Decision Support (CDS) ACR SELECT / OTHER	CDS Auth #:
REF. PHYSICIAN PHONE (_ _ _) _ _ _ _ _ _ _ _	FAX RESULTS TO: (_ _ _) _ _ _ _ _ _ _ _	G CODE (from CDS) _____	G Code Modifier (two letters) _____
REFERRING PHYSICIAN SIGNATURE (REQUIRED)		PRE-AUTH NEEDED? ☐ YES ☐ NO	PRE-AUTH #:

☐ **Cardiac MRI with/without contrast and flow quantification (CPT: 75561 and 75565)**

☐ Ischemic heart disease / CAD
☐ Valvular heart disease – stenosis / regurgitation
☐ Pericardial disease (constriction, effusion etc.)
☐ Non-ischemic heart disease (eg. HCM, sarcoid, amyloid etc)
☐ Arrhythmogenic RV cardiomyopathy / ARV dysplasia
☐ Other _____

☐ **Stress cardiac MRI with/without contrast and flow quantification (CPT: 75563 and 75565)**

☐ Myocardial stress perfusion with regadenoson
☐ Other _____

☐ **Cardiac MRI with/without contrast and flow quantification; MRA of chest (CPT:75561,75565, 71555)**

☐ Congenital heart disease (e.g., ASD, VSD, PAPVR, TGA etc)
☐ Pulmonary Hypertension

☐ **Cardiac MRI without contrast and flow quantification (CPT:75557,75565)**

☐ Cardiac function (LV/RV EF, TAVR, etc)
☐ Other _____

☐ **Cardiac MRI without contrast (CPT:75557)**

☐ Coronary artery origins
☐ Other _____

☐ **MR Angiography of chest with/without contrast (CPT: 71555): Add 75561 if heart imaging is needed**

☐ Thoracic Aorta (ectasia, aneurysm, dissection)
☐ Pulmonary vein (AF, pre-ablation)
☐ Subclavian artery / vein (stenosis, DVT, subclavian steal etc.)
☐ Thoracic outlet syndrome (Left or Right)
☐ SVC syndrome (facial swelling, swollen neck)
☐ Other _____

☐ **MR Angiography of Abdomen (CPT: 74185)**

☐ Abdominal aorta (ectasia, aneurysm, dissection)
☐ Mesenteric, Splenic, Hepatic arteries/veins
☐ Renal artery / vein (hypertension)
☐ IVC (DVT)

☐ **MR Angiography of Pelvis (CPT: 72198)**

☐ Pelvic arteries or evaluation of transplant renal artery
☐ Pelvic veins (DVT, May Thurner, Pre-renal T/P evaluation)

☐ **MR Angiography of lower extremities (CPT: 74185 and 73725)**

☐ **MR Angiography of upper extremities (CPT: 73225)** ☐ Left ☐ Right

☐ **Other requests – Describe below**

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