



Patient Information - FRONT (Page 1 of 2)

Patient Name: _____ **DOB:** _____ **Sex:** M F **SS#** _____

Home Phone#: _____ **Mobile Phone #:** _____ **Decision Support Number (DSN):** _____

Insurance: _____ **Policy #:** _____ **Insurance Pre-cert#** _____

(Or fax copy of the front/back of the patient's insurance card).

ICD 10 Diagnosis Code(s): _____ Date/Time Pre-cert expires: _____

Diagnosis/Symptoms: _____

Appointment Priority:

- Routine (schedule within two weeks or as indicated by expected date/time)
- Expected Date/Time: _____
- ASAP (Schedule within 72 hours)
- STAT (Fax the order to 513-585-1230 and then call 513-744-7828)

TCHHN centralized scheduling team will contact the patient to schedule once the patient insurance company has authorized the service.

Cat Scan (CT)

Head / Face / Neck

- CT Head W/O (70450) W & W/O (70470)
- CTA Head (70496) CT Sinus w/o (70486)
- Maxillofacial w/o (70486) Temporal (70480)
- Soft tissue neck with (70491) CTA Neck (70498)

CT Chest:

- Chest With (71260) Without (71250)
- PE Protocol (71575)
- Hi Resolution Chest w/o (71250)
- Low Dose Lung Cardiac/Calcium Scoring (75571)

CT Abdomen / Pelvis:

- Abdomen With (74160) Without (74150)
- Abdomen & Pelvis With (74177) Without (74176)
- Pelvis With (72193) Without (72192)
- CTA Abdomen and Pelvis with (74174)

Abdomen / Pelvis Protocols:

- Renal Stone Protocol (71476)
- Pancreatic Protocol (74170)
- Renal MASS Protocol (74170, 72193)
- 3 Phase Liver (74170)
- AAA Protocol - Abdomen/Pelvis with (74174)
- Dissection (Chest/Abd/Pelvis) (71275/74174)

CT Spine / Extremity:

- Cervical w/o (72125) Thoracic w/o (72128)
- Lumbar w/o (72131)
- Lower Extremity w (73701) Lower extremity w/o (73700)
- Upper Extremity w Upper Extremity w/o

Specify body part: _____

- LEFT RIGHT

MRI

Brain / Neck / Orbit

- Brain W/O (70551) W & WO (70553)
- Orbit/ Face/ Neck W/O (70540) W & WO (70543)
- MRA/MRV Brain (70544) MRA Neck W & W/O (70549)
- IAC (70553) Pituitary (70553)

Spine

- Cervical spine W/O (72141) W & W/O (72156)
- Thoracic spine W/O (72146) W & W/O (72157)
- Lumbar Spine W/O (72148) W & W/O (72158)

Breast

- Breast Bilateral with and without (77049)
- Breast Biopsy (19085) Left Right

Abdomen / Pelvis:

- D Abdomen W/O (74181) W & W/O (74183)
- Pelvis W/O (72195) W & W/O (72197)
- Prostate (72197)
- MRCP (74181) Enterography (74183, 72197)

Upper Extremity JOINT:

- LEFT RIGHT Without (73221) W & WO (73223)
- Shoulder Elbow Wrist

Upper Extremity NON-JOINT- Without (73218) W & WO (73220)

- LEFT RIGHT
- Humerus Forearm Hand

Lower Extremity JOINT: Without (73721) W & WO (73723)

- LEFT RIGHT
- Hip Knee Ankle

Lower Extremity NON- JOINT- Without (73718) W & WO (73720)

- LEFT RIGHT
- Femur Tib-Fib Foot
- OTHER: _____ CPT: _____

Ultrasound

- Abdomen (76700) Abdominal wall mass (76705) Renal (76705) Prostate (76872)
- Sonohysterogram (76831) Aorta (76770) Pelvic (76856) Pelvic with transvaginal (76856/76830)
- Thyroid (76536) Cervical lymph node Testicles (76870)

Extremity: Non vascular: _____ **Other :** _____ **CPT:** _____

Physician Name (first & last): _____ NPI#: _____ License #: _____

Physician Address: _____ Phone#: _____ Fax# _____

I hereby certify that the services indicated in the above order form are medically necessary.

Physician Signature: _____ **Date:** _____ **Time:** _____



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Routine X-Ray

- Chest, PA and lateral (71020)
- Chest, one view (71045)
- Thoracic spine (72072)
- Ribs (71100)
- Extremity (please specify): _____
- Other: (CPT Codes Required) _____
- Flat abdomen (KUB) (74020)
- Cervical spine 4 view (72050)
- Lumbar spine 2-3 view (72100)
- Left Right
- Left Right

Fluoro

- Barium swallow (74220)
- Small bowel series (74250)
- Barium enema - air contrast (74280)
- Hysterosalpingogram (74740/58340)
- Lumbar Puncture (62270)
- Myelogram Cervical (62302)
- Cystogram (74430)
- Retrograde Urethrogram (51610)
- Arthrogram (specify site/CPT): _____
- Other: _____
- Upper GI (74240)
- Barium Enema (74270)
- Port Study (36598)
- Myelogram Lumbar (62304)
- Cystogram (Voiding) (74455)

PET/CPT: _____

Diagnostic mammogram

- Bilateral (77056)
- Unilateral (77055) R L

Breast ultrasound

- Bilateral
- Unilateral (76641) R L

Biopsy

- Stereotactic Biopsy (19081)
- Breast Localization (mammo) (19281)
- Other: _____
- CPT: _____
- US Guided Biopsy (19083)

Bone Density (For osteoporosis)

- DEXA Axial Skeleton (77085)
- Vertebral Assessment (VFA) (77086)

Nuclear Medicine

- Bone Scan:
- 3 phase (78315)
- Thyroid uptake and scan 1-123 (78014)
- Whole Body 1-131 (78018)
- Thyroid Therapy I- 131 (79005)
- Parathyroid w/ spect (78071)
- Dual isotope heart scan (78452)
- VQ-Lung (78582)
- Gastric Emptying (78264)
- GI Bleed (78278)
- Renal: With Lasix (78708,78709)
- Renal Without Lasix (78707)
- Hida Scan (78226)
- MPI Spect (78452)
- MUGA Single - (78472)
- Breast Lympho pre surgery (78808)
- Other: _____
- Whole Body (78306)
- Bone image spect (78807)
- Chest X-ray for VQ (11020)
- Hida with CCK (78227)
- MUGA multi (78473)

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ License #: _____

Physician Address: _____ Phone#: _____ Fax# _____

I hereby certify that the services indicated in the above order form are medically necessary.

Physician Signature: _____ **Date:** _____ **Time:** _____