McLaren
NORTHERN MICHIGAN

McLaren Northern Michigan Outpatient MRI Order Form

Patient's Name Last: First: MI:	**Date of Birth**	☐ Male ☐ Female
Patient's Address Street: City: State: Zip:		
Insurance Information	**Patient's Phone** Daytime Phone: Cell:	
Patient's Height / **Patient's Weight**	**Study to be performed at:** ☐ Petoskey Campus ☐ Cheboygan Campus	

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-10 Code and clinical history for each test is required to prove medical necessity.

We would like to remind providers that we cannot accept a diagnosis that includes the terms "PROBABLE", "POSSIBLE", "SUSPECTED", "RULE OUT", or "QUESTIONABLE".

Authorization number(s) if required:

_____

_____

Pre-Screening

Is there any chance that the patient is pregnant?	Y ☐ N ☐
Is the patient diabetic?	Y ☐ N ☐
Is there history of kidney problems?	Y ☐ N ☐
Does patient have pacemaker or defibrillator?	Y ☐ N ☐
Possibility of metal in eyes? **If yes to metal in eyes, please check box at bottom right for "Pre-MRI Orbit X-rays"**	Y ☐ N ☐
High Blood Pressure?	Y ☐ N ☐

List Allergies:

☐ **Draw GFR on Contrast Studies as Indicated by Policy**

Procedure Date and Time:

Please Complete/Print/Sign and Fax to Central Scheduling: Fax# 231.487.7920-Tel# 231.487.3100-Toll Free# 866.487-3100

Reason/Signs and Symptoms for exam: _____

Diagnosis Code(s) for exam (ICD-10):_____

Special Instructions:_____

☐ Do Not Give IV Contrast ☐ Priority Reading to Dolbey ☐ Call STAT Report to: ☐ Send CD with Patient ☐ Include 3-D

MR CHEST/ABD/PELVIS	CPT#
☐MRI Chest wo	71550
☐MRI Chest w	71551
☐MRI Chest w/wo	71552
☐MRI Abdomen wo	74181
☐MRI Abdomen w	74182
☐MRI Abdomen w/wo	74183
☐MRI Pelvis wo	72195
☐MRI Pelvis w	72196
☐MRI Pelvis w/wo	72197
☐MRA Chest	C8911
☐MRA Abdomen	C8902
☐MRA Pelvis	72198
☐MRV Abdomen	C8901
☐MRV Pelvis	72198
MR SPINE	
☐MRI Cervical Spine wo	72141
☐MRI Cervical Spine w	72142
☐MRI Cervical Spine w/wo	72156
☐MRI Lumbar Spine wo	72148
☐MRI Lumbar Spine w	72149
☐MRI Lumbar Spine w/wo	72158
☐MRI Thoracic Spine wo	72146
☐MRI Thoracic Spine w	72147
☐MRI Thoracic Spine w/wo	72157
☐**Check box if post-surgical within the last 10 years.**	

MR EXTREMITY		CPT#
☐ MRI Upper Extrem wo (Non Joint)	R ☐ L ☐	73218
☐ MRI Upper Extrem w (Non Joint)	R ☐ L ☐	73219
☐ MRI Upper Extrem w/wo (Non Joint)	R ☐ L ☐	73220
☐ MRI Lower Extrem wo (Non Joint)	R ☐ L ☐	73718
☐ MRI Lower Extrem w (Non Joint)	R ☐ L ☐	73719
☐ MRI Lower Extrem w/wo (Non Joint)	R ☐ L ☐	73720
☐ MRI Lower Joint wo	R ☐ L ☐	73721
☐ MRI Lower Joint w	R ☐ L ☐	73722
☐ MRI Lower Joint w/wo	R ☐ L ☐	73723
☐ MRI Upper Joint wo	R ☐ L ☐	73221
☐ MRI Upper Joint w	R ☐ L ☐	73222
☐ MRI Upper Joint w/wo	R ☐ L ☐	73223
☐ MRA Upper Extremity wo	R ☐ L ☐	73225
☐ MRA Upper Extremity w	R ☐ L ☐	73225
☐ MRA Upper Extremity w/wo	R ☐ L ☐	73225
☐ MRI Signature Protocol	R ☐ L ☐	73721
☐ MRI Arthrogram (Sched inj with x-ray)	R ☐ L ☐	73222
Please Specify body part below:		
☐Wrist ☐Shoulder ☐Elbow ☐Ankle ☐Knee ☐Hip ☐Foot		
☐Tib-Fib ☐Femur ☐Forearm ☐Humerus ☐Hand ☐Other		
Please use separate form for Breast MRI		

MR HEAD/NECK	CPT#
☐ MRI Brain wo (Routine)	70551
☐ MRI Brain w (Stealth, RT treatment planning)	70552
☐ MRI Brain w/wo	70553
☐ MRI TMJ	70336
☐ MRI Face Neck Orbit wo	70540
☐ MRI Face Neck Orbit w	70542
☐ MRI Face Neck Orbit w/wo	70543
☐ MRA Head wo (Routine)	70544
☐ MRA Neck wo	70547
☐ MRA Neck w	70548
☐ MRA Neck w/wo (Routine)	70549
☐ MRV Head wo	70544
SPECIAL STUDIES	
☐ Run Off (Distal Aorta to ankle)	73725, 73725, 74185
☐ Brachial Plexus wo	71550
☐ Cholangiogram (MRCP) wo	74181
☐ Orbits w/wo	70543
☐ IAC's w/wo	70553
☐ Pituitary w/wo	70553
☐ **Schedule With IV Sedation**	
☐ **Schedule with Anesthesia**	
☐ **Pre MRI Orbit X-rays (ICD-10 Z03.89)**	**70030**

Form filled out by:_____ Office Phone Number:_____

Ordering Physician:_____ Today's Date/Time:_____

Physician's Signature:_____(Sign after printing)