FLUOROSCOPY ORDER FORM

LAST NAME		TODAYS DATE	*** ICD-10 INFO REQUIRED ***	
FIRST NAME		DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE		1	
INSURANCE COMPANY			2	
POLICY #	GROUP #		3	
PHYSICIAN NAME			SPECIAL INSTRUCTIONS	
OFFICE TELEPHONE NUMBER			☐ ROUTINE ☐ URGENT	
PHYSICIAN SIGNATURE *** (REQUIRED)			PRE-AUTH REQUIRED: Y ☐ N ☐ PRE-AUTH #	

☑	EXAM	CPT(S)
	ARTHROGRAM	
☐	ARTHROGRAM ANKLE LEFT WITH MRI ANKLE LEFT POST ARTHROGRAM	73615, 27648, 73722
☐	ARTHROGRAM ANKLE RIGHT WITH MRI ANKLE RIGHT POST ARTHROGRAM	73615, 27648, 73722
☐	ARTHROGRAM ELBOW LEFT WITH MRI ELBOW LEFT POST ARTHROGRAM	73085, 24220, 73222
☐	ARTHROGRAM ELBOW RIGHT WITH MRI ELBOW RIGHT POST ARTHROGRAM	73085, 24220, 73222
☐	ARTHROGRAM HIP LEFT WITH MRI HIP LEFT POST ARTHROGRAM	73525, 27093, 73722
☐	ARTHROGRAM HIP RIGHT WITH MRI HIP RIGHT POST ARTHROGRAM	73525, 27093, 73722
☐	ARTHROGRAM KNEE LEFT WITH MRI KNEE LEFT POST ARTHROGRAM	73580, 27370, 73722
☐	ARTHROGRAM KNEE RIGHT WITH MRI KNEE RIGHT POST ARTHROGRAM	73580, 27370, 73722
☐	ARTHROGRAM KNEE LEFT WITH CT KNEE LEFT POST ARTHROGRAM	73580, 27370, 73701
☐	ARTHROGRAM KNEE RIGHT WITH CT KNEE RIGHT POST ARTHROGRAM	73580, 27370, 73701
☐	ARTHROGRAM SHOULDER LEFT WITH MRI SHOULDER LEFT POST ARTHROGRAM	73040, 23350, 73222
☐	ARTHROGRAM SHOULDER RIGHT WITH MRI SHOULDER RIGHT POST ARTHROGRAM	73040, 23350, 73222
☐	ARTHROGRAM SHOULDER LEFT WITH CT SHOULDER LEFT POST ARTHROGRAM	73040, 23350, 73201
☐	ARTHROGRAM SHOULDER RIGHT WITH CT SHOULDER RIGHT POST ARTHROGRAM	73040, 23350, 73201
☐	ARTHROGRAM WRIST LEFT WITH MRI WRIST LEFT POST ARTHROGRAM	73115, 25246, 73222
☐	ARTHROGRAM WRIST RIGHT WITH MRI WRIST RIGHT POST ARTHROGRAM	73115, 25246, 73222

☑	EXAM	CPT(S)
	GASTROINTESTINAL TRACT	
☐	BARIUM ENEMA DOUBLE CONTRAST	74280
☐	BARIUM ENEMA SINGLE CONTRAST	74270
☐	ESOPHAGRAM	74220
☐	LAP BAND ADJUSTMENT W FLUOROSCOPY	S2083, 77002
☐	SMALL INTESTINE FOLLOW-THROUGH	74250
☐	SWALLOWING FUNCTION (MODIFIED BARIUM)	74230
☐	UPPER GI DOUBLE CONTRAST W KUB	74247
☐	UPPER GI DOUBLE CONTRAST W SMALL INTESTINE FOLLOW THROUGH	74249
☐	UPPER GI SINGLE CONTRAST W KUB	74241
	GYNECOLOGICAL	
☐	HYSTEROSALPINGOGRAM	74740, 58340
	MYELOGRAM	
☐	MYELOGRAM CERVICAL SPINE WITH CT CERVICAL SPINE POST MYELOGRAM	62302, 72126
☐	MYELOGRAM THORACIC SPINE WITH CT THORACIC SPINE POST MYELOGRAM	62303, 72128
☐	MYELOGRAM LUMBAR SPINE WITH CT LUMBAR SPINE POST MYELOGRAM	62304, 72132
	URINARY TRACT	
☐	CYSTOGRAM	74430, 51600
☐	LOOPOGRAM THROUGH AN ILEAL CONDUIT	74425, 50690
☐	NEPHROSTOGRAM VIA NEPHROSTOMY CATHETER	50431
☐	URETHROCYSTOGRAPHY RETROGRADE	74450, 51610
☐	URETHROCYSTOGRAPHY VOIDING (VCUG)	74455, 51600
	OTHER	
☐	CHOLANGIOGRAM THROUGH EXISTING CATHETER	47531
☐	PORTACATH FLUSH	96523
☐	SNIFF TEST (CXR 2 VIEWS W FLUOROSCOPY)	71023
☐		
☐		
☐		

Fax this order to: (928) 532-1411 **Scheduling Phone: (928) 537-6554** **Radiology Dept Phone: (928) 537-6338**

555 (11/16)

FLUOROSCOPY ORDER FORM

Acct# MR#

Adm: DOB:
Summit Healthcare Regional Medical Center

PO