

INTERVENTIONAL PROCEDURES ORDER FORM

LAST NAME	TODAY'S 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	<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT		
PHYSICIAN SIGNATURE *** (REQUIRED)	PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH #		

<input checked="" type="checkbox"/>	EXAM	CPT
ASPIRATION		
<input type="checkbox"/>	ASPIRATION OF CYST THYROID US GUIDANCE	80300, 76942
<input type="checkbox"/>	ASPIRATION OF FLUID COLLECTION CT GUIDANCE	10160, 77012
<input type="checkbox"/>	ASPIRATION OF FLUID COLLECTION US GUIDANCE	10160, 76942
<input type="checkbox"/>	ASPIRATION OF SHOULDER/HIP/KNEE W FLUORO	20610, 77002
BIOPSY		
<input type="checkbox"/>	BIOPSY ABDOMINAL MASS CT GUIDANCE	49180, 77012, 10022
<input type="checkbox"/>	BIOPSY ABDOMINAL MASS US GUIDANCE	49180, 76942, 10022
<input type="checkbox"/>	BIOPSY ADRENAL CT GUIDANCE	49180, 77012, 10022
<input type="checkbox"/>	BIOPSY BONE DEEP CT GUIDANCE	20225, 77012, 10022
<input type="checkbox"/>	BIOPSY BONE SUPERFICIAL CT GUIDANCE	20220, 77012, 10022
<input type="checkbox"/>	BIOPSY BREAST STEREOTACTIC GUIDANCE	19081
<input type="checkbox"/>	BIOPSY BREAST US GUIDANCE	19083
<input type="checkbox"/>	BIOPSY KIDNEY CT GUIDANCE	50200, 77012, 10022
<input type="checkbox"/>	BIOPSY LIVER CT GUIDANCE	47000, 77012, 10022
<input type="checkbox"/>	BIOPSY LIVER US GUIDANCE	47000, 76942, 10022
<input type="checkbox"/>	BIOPSY LUNG CT GUIDANCE	32405, 77012, 10022
<input type="checkbox"/>	BIOPSY LYMPH NODE CT GUIDANCE	38505, 77012, 10022
<input type="checkbox"/>	BIOPSY LYMPH NODE US GUIDANCE	38505, 76942, 10022
<input type="checkbox"/>	BIOPSY MUSCLE/SOFT TISSUE MASS US GUIDANCE	20206, 76942, 10022
<input type="checkbox"/>	BIOPSY PANCREAS CT GUIDANCE	48102, 77012, 10022
<input type="checkbox"/>	BIOPSY SALIVARY GLAND US GUIDANCE	42400, 76942, 10022
<input type="checkbox"/>	BIOPSY SPLEEN CT GUIDANCE	49180, 77012, 10022
<input type="checkbox"/>	BIOPSY THYROID US GUIDANCE	60100, 76942, 10022
BREAST PROCEDURES		
<input type="checkbox"/>	ASPIRATION OF CYST BREAST US GUIDANCE	19000, 76942
<input type="checkbox"/>	BIOPSY BREAST STEREOTACTIC GUIDANCE	19081
<input type="checkbox"/>	BIOPSY BREAST US GUIDANCE	19083
<input type="checkbox"/>	INJECTION OF RADIOACTIVE TRACER FOR SENTINEL NODE IDENTIFICATION US GUIDANCE	38792, 76999
<input type="checkbox"/>	WIRE LOCALIZATION BREAST MAMMO GUIDANCE	19281
<input type="checkbox"/>	WIRE LOCALIZATION BREAST US GUIDANCE	19285

<input checked="" type="checkbox"/>	EXAM	CPT
DRAINAGE/CATHETER PLACEMENT		
<input type="checkbox"/>	CHEST TUBE PLACEMENT W IMAGE GUIDANCE	32557
<input type="checkbox"/>	DRAINAGE OF FLUID COLLECTION W CATHETER IN PERITONEAL/RETROPERITONEAL SPACE	49406
<input type="checkbox"/>	DRAINAGE OF FLUID COLLECTION W CATHETER IN SOFT TISSUES	10030
<input type="checkbox"/>	DRAINAGE OF FLUID COLLECTION W CATHETER IN VISCERAL ORGAN	49406
<input type="checkbox"/>	NEPHROSTOMY CATHETER EXCHANGE	50435
<input type="checkbox"/>	NEPHROSTOMY CATHETER PLACEMENT LEFT	50432
<input type="checkbox"/>	NEPHROSTOMY CATHETER PLACEMENT RIGHT	50432
<input type="checkbox"/>	NG TUBE PLACEMENT W FLUORO GUIDANCE	43752
<input type="checkbox"/>	PARACENTESIS W IMAGING GUIDANCE	49083
<input type="checkbox"/>	PICC INSERTION AGE 5 YEARS OR OLDER	38569, 76937, 77001
<input type="checkbox"/>	PICC INSERTION YOUNGER THAN 5 YEARS OF AGE	38568, 76937, 77001
<input type="checkbox"/>	PICC REMOVAL	89211
<input type="checkbox"/>	THORACENTESIS W IMAGING GUIDANCE	32555
INJECTIONS		
<input type="checkbox"/>	STEROID INJECTION ANKLE LEFT FLUORO GUIDE	20605, 77002
<input type="checkbox"/>	STEROID INJECTION ANKLE RIGHT FLUORO GUIDE	20605, 77002
<input type="checkbox"/>	STEROID INJECTION HIP LEFT FLUORO GUIDANCE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION HIP RIGHT FLUORO GUIDANCE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION KNEE LEFT FLUORO GUIDANCE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION KNEE RIGHT FLUORO GUIDE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION SHOULDER LEFT FLUORO GUIDE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION SHOULDER RIGHT FLUORO GUIDE	20810, 77002
<input type="checkbox"/>	STEROID INJECTION SI JOINT LEFT CT GUIDANCE	27096
<input type="checkbox"/>	STEROID INJECTION SI JOINT RIGHT CT GUIDANCE	27096
OTHER		
<input type="checkbox"/>	LUMBAR PUNCTURE W FLUORO GUIDANCE	62270, 77003
<input type="checkbox"/>		
<input type="checkbox"/>		

Fax this order to: (928) 532-1411

Scheduling Phone: (928) 537-6554

Radiology Dept Phone: (928) 537-6336



558 (11/16)

INTERVENTIONAL PROCEDURES ORDER FORM

Acct# MR#
Adm: DOB:
Summit Healthcare Regional Medical Center



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