

SCHEDULING FORM FOR MRI AND MRA



PHYSICIAN'S INFORMATION - To be completed by Dr.'s office & signed by ordering physician, or attach Dr.'s signed prescription.

Today's Date: _____ Type of MRI/MRA: _____
Specify area(s) to be scanned

Diagnosis (include clinical history):

CPT: _____ ICD-9: _____

CPT: _____ ICD-9: _____

Patient Weight: _____ Height: _____ Age: _____

IF PATIENT REQUIRES SEDATION, what type: (Chart notes required.)

- General sedation (with Anesthesiologist)
 IV sedation Patient taking own meds.
Sedated patients require driver.

ORDERING PHYSICIAN SIGNATURE: _____

PCP: _____

PRINT Physician's name: _____

Physician office contact person: _____

PH #: (____) _____ FAX #: (____) _____

CC report to: _____

IF HAVING CONTRAST - DOES PATIENT HAVE:

- Kidney problems/Renal disease Yes No
Hepatic disease/past or pending liver transplant Yes No
Rx for Hypertension Yes No
Rx for Diabetes Yes No | Age >60 Yes No

If Yes to any, require lab information within last 45 days:

BUN _____ Cr _____ GFR _____ Date: _____

Location: _____

OK to provide i-Stat lab test at OAI if needed Yes No

PATIENT HISTORY

Possibility of pregnancy? Yes No

Previous surgeries - same area? Yes No

Type: _____

Metal implants (pacemakers, shunts, etc.) or injuries (pins, etc.)? Yes No If yes, explain: _____

Porta Cath Yes No History of cancer? Yes No Type/Where: _____

Previous films? Plain CT MRI Other Where/When: _____

Is patient claustrophobic? Yes No Unknown

REMINDERS Minor w/parent Sedated patient, needs driver Patient needs assistance Wheelchair/lifting

REQUESTS

Please call patient

FAX or Phone appt. time to office

SCHEDULE

ASAP

Patient's convenience

RESULTS

ASAP - Same day

24 - 48 Hours

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (M.I.) _____ DOB: ____/____/____ M F

SS#: _____ - _____ - _____ Home Ph#: _____ Work/Cell #: _____ City: _____

DOI: ____/____/____ Work Auto (State _____) Other Claim #: _____

INSURANCE INFORMATION

Primary insurance: _____ Subscriber: Self Other: _____

Policy #: _____ Group #: _____ Authorization necessary? Yes No

AUTHORIZATION #'s: _____ { Due to pre-auth requirements by most insurance companies
Auth. valid from _____ to _____ please provide CPT and ICD-9 #s above.

Other insurance: _____ Subscriber: Self Other: _____

Policy #: _____ Group #: _____ Authorization necessary? Yes No

AUTHORIZATION #'s: _____ Auth. valid from _____ to _____

APPOINTMENT INFORMATION - To be completed by ordering physician staff.

Follow-up Appointment with Doctor: _____

DATE: ____/____/____ TIME: _____ AM PM (Initials: _____ Date: _____)

form # OAIMri - rev. 10/10

CPT CODES FOR MRI / MRA



This list has been created as a reference guide ONLY. The codes below are **only the most common MRI/MRA CPT codes used**. Should you have any questions or need assistance please call our scheduling department at 541-608-0350. This form can also be downloaded via our web site at www.oaimaging.com under "Provider Tools."

MRI PROCEDURES

BRAIN	Non contrast	70551
	W&WO Contrast	70553
ORBITS, FACE & NECK	Non contrast	70540
	W&WO Contrast	70543
TM JOINT	Non contrast	70336
CHEST	Non contrast	71550
	W&WO Contrast	71552
CERVICAL SPINE	Non contrast	72141
	W&WO Contrast	72156
CSF FLOW	Non contrast	72141
THORACIC SPINE	Non contrast	72146
	W&WO Contrast	72157
LUMBAR SPINE	Non contrast	72148
	W&WO Contrast	72158
ABDOMEN	Non contrast	74181
	W&WO Contrast	74183
MRCP	Non Contrast	74181
PELVIS/SACRUM (S-I JOINTS)	Non contrast	72195
	W&WO Contrast	72197
EXTREMITY - UPPER (ARM, HAND, FINGER)	Non contrast	73218
	W&WO Contrast	73220
JOINT - UPPER (SHOULDER, ELBOW, WRIST)	Non contrast	73221
	W&WO Contrast	73223
EXTREMITY - LOWER (THIGH, LEG, FOOT)	Non contrast	73718
	W&WO Contrast	73720
JOINT - UPPER (HIP, KNEE, ANKLE)	Non contrast	73721
	W&WO Contrast	73723

MRI BREAST

For breast MRI please use OAI's Breast MRI scheduling form.

Forms can be obtained via our web site at www.oaimaging.com (Provider Portal) or by calling scheduling at (541) 608-0350.

MRI ARTHROGRAMS Hospital Bills Also

JOINT UPPER EXTREMITY MR	Shoulder, Elbow Wrist	73222
JOINT LOWER EXTREMITY MR	Hip, Knee, Ankle	73722

MRA - ANGIOGRAMS

BRAIN - MRA, MRV	Non contrast	70544
	W/WO Contrast	70546
NECK - MRA, MRV	Non contrast	70547
	W/WO Contrast	70549
ABDOMEN	W/WO Contrast	74185

OTHER SCANS

BONE MARROW	Blood Supply	77084
SPECTROSCOPY		76390

All OAI imaging centers are accredited by the American College of Radiology.

