



CANNON
MEMORIAL HOSPITAL
434 Hospital Drive
Linville, NC 28646

*** indicates service not provided @ Cannon*

WATAUGA
MEDICAL CENTER
336 Deerfield Road
Boone, NC 28607

SCHEDULING PHONE:
(828)268-9037
SCHEDULING FAX:
(828)268-9046

REQUEST FOR OUTPATIENT CT SERVICES

PATIENTS MUST BRING THIS FORM WITH THEM. THIS FORM MUST BE COMPLETED, SIGNED BY THE PHYSICIAN, AND PRESENTED TO THE HOSPITAL OUTPATIENT REGISTRATION DESK PRIOR TO ANY TEST BEING PERFORMED.

Patient Name: _____ (F) _____ (M) _____ (L)

Phone #: _____ (Home) _____ (Work)

If female, pregnant? Yes No (**CHECK ONE***) Date: ____ / ____ / ____

Pertinent Lab Results: PT/INR: _____ PTT: _____ Date: ____ / ____ / ____

COMPLETE PROVIDER NAME

Ordering MD: _____ (F) _____ (L)

MD Address: _____

MD Phone: _____ MD Fax: _____

Physician Signature: _____ Date: _____ Time: _____

Date of Exam: _____ Time of Exam: _____ PreCert#: _____

Prep Instructions Given: Yes No

| CPT | REGION | ICD-10# |
|---|---------------------------------------|---------|
| CT EXAMS | | |
| Abdomen | | |
| 74150 | Abd w/o IV contrast | |
| 74160 | Abd with IV contrast | |
| 74170 | Abd w&w/o IV contrast | |
| 74176 | Abd/ Pelvis w/o IV contrast | |
| 74177 | Abd/Pelvis with IV contrast | |
| 74178 | Abd/Pelvis w&w/o IV contrast | |
| 72192 | Appendix w/o contrast | |
| 72193 | Appendix w/ contrast | |
| 72193 | Pelvis w IV contrast | |
| 72194 | Pelvis w&w/o IV contrast | |
| 72192 | Pelvis w/o IV contrast | |
| 74176 | Renal Calculus | |
| 74178 | CT Urogram | |
| 74178 | CT Urogram to include KUB | |
| 74000 | | |
| Please indicate if you would like oral contrast: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Chest | | |
| 71260 | Chest with contrast | |
| 71270 | Chest w & w/o contrast | |
| 71250 | Chest w/o contrast | |
| 76380 | Chest w/o contrast tld. | |
| 71275 | Pulmonary embolism | |
| Head | | |
| 70460 | Brain w contrast | |
| 70470 | Brain w & W/o contrast | |
| 70450 | Brain w/o contrast | |
| 70488 | Sinuses w&w/o contrast (axial/cornal) | |
| 70486 | Sinsuses w/o contrast (axial/coronal) | |
| 76380 | Sinus mini | |
| 70487 | Maxillo-fac w contrast | |
| 70488 | Maxillo-fac w&w/o contrast | |
| 70486 | Maxillo-fac w/o contrast | |
| 70482 | Orbits w&w/o contrast | |
| 70480 | Orbits w/o contrast | |
| 70481 | Sella w contrast | |
| 70482 | Sella w&w/o contrast | |
| 70480 | Sella w/o contrast | |
| 70482 | Temporal bone w&w/o contrast | |
| 70480 | Temporal bone w/o contrast | |

For interventional procedures, H&P valid within 30 days of procedure required. **Procedure: Region:** _____

- Core Biopsy Drainage Injection
 Biopsy Cyst Aspiration Fine Needle Aspiration

Please provide description of the ICD-10 codes here:

Additional Info for Radiologist:

| CPT | REGION | ICD-10# |
|-----------------------------|---|---------|
| Spine | | |
| 70490 | Soft tissue neck w/o contrast | |
| 70491 | Soft tissue neck w/ contrast | |
| 70492 | Soft tissue neck w & w/o | |
| 72125 | Cervical w/o contrast | |
| 72126 | Cervical w contrast | |
| 72127 | Cervical w&w/o contrast | |
| 72128 | Thoracic w/o contrast | |
| 72129 | Thoracic w contrast | |
| 72130 | Thoracic w&w/o contrast | |
| 72131 | Lumbar w/o contrast | |
| 72132 | Lumbar w/ contrast | |
| 72133 | Lumbar w&w/o contrast | |
| Extremity | | |
| 73201 | Upper ext w contrast R/L bil | |
| 73202 | Upper ext w & w/o contrast R/L bil | |
| 73200 | Upper ext w/o contrast R/L bil | |
| 73701 | Lower ext w contrast R/L bil | |
| 73702 | Lower ext w & w/o contrast R/L bil | |
| 73700 | Lower ext w/o contrast R/L bil | |
| CTV TESTS | | |
| 74175 | Abdomen | |
| 72191 | Pelvis | |
| 74174 | Abdomen/Pelvis combo | |
| (CTA) CT ANGIOGRAPHY | | |
| 70496 | Head | |
| 70498 | Neck | |
| 71275 | Chest | |
| 73206 | Upper extr. R/L bil. | |
| 73706 | Lower extr. R/L bil. | |
| 75395 | Abd. Aorta and runoff | |
| 75574* | Coronaries w Calcium score* | |
| 75574* | Coronaries w/o Calcium score* | |
| 75571* | Cardiac w/o contrast w calcium score screening* | |
| 74175 | Abdomen | |
| 72191 | Pelvis | |
| 74174 | Abdomen / Pelvis combo | |
| LABS | | |
| 82565 | Creatinine | |
| 84520 | BUN | |
| 85610/ | PT/PTT INR Panel | |
| 85730 | | |
| OTHER | | |
| J1642 | Port Access w/Heparin | |

***Submit pertinent films from outside the facility prior to these procedures. Note: If lab work is required (i.e. cytology), please indicate preference below. Labs are not performed unless requested by ordering physician.