

McLaren Northern Michigan CT Order Form

Patient's Name					Date of Birth	☐ Male		
Last: Patient's Address		First:		MI:		□Female	9	
Street:		City:			State:	Zip:		
Insurance Information		,		Patient Ph Daytime P		ell:		
Medical Necessity: Federal re	egulations	require that only tests that	Pre-Sc	reenin <u>g</u>				
are necessary for diagnosis and	d treatmer	nt of a patient's condition be	Is there	any chance	that the patient is pregnant?	Yes□	No□	
ordered. ICD-10 Code and clinical history for each test is required to prove medical necessity.				Is the patient diabetic? Yes□ No□			No□	
We would like to remind providers that we cannot accept a diagnosis			Does the	Does the patient have any kidney problems?			No□	
that includes the terms "PROBABLE", "POSSIBLE",			Is the patient taking Glucophage/Metformin? Yes□			No□		
"SUSPECTED", "RULE OUT", or "QUESTIONABLE".			Is the pa	itient allergio	to contrast media?	Yes□	No□	
Authorization number(s) if required:				ergies:				
☐ Draw GFR on Contrast Studies as indicated by policy				Procedure Date and Time:				
Please Complete/F	Print/Sign a	nd Fax to Central Scheduling: Fax	# 221 <i>1</i> 27	7020₌T△I# 2	31 487 3100-Tall Free 866 4	<mark>87 3100</mark>		
Reason/Signs and Symptoms			<u>201.401.</u>	7020 TCIII 2	01.407.0100 10111100 000.4	07.0700		
Reason/oigns and Cymptoms	IOI Exam	•						
ICD-10 Diagnosis	s Code(s)	:						
Special Instructions:								
☐ No oral Contrast ☐ No IV Conf	trast 🗆 S	Send CD with patient Include 3D			, ,	Cheboygan Ca	mpus	
SPINE					ACIAL/ORBIT ETC	ı		
☐ CT Cervical Spine wo	72125	☐ CT Head (Brain) wo			CT Temporal Bones		70481	
CT Cervical Spine w	72126	☐ CT Head (Brain) w		0460	CT Temporal Bones		70482	
CT Cervical Spine w/wo	72127	☐ CT Head (Brain) w/wo		0470	CT Stereotactic/Stea	alth	77011	
☐ CT Lumbar Spine wo	72131	☐ CT Maxillofacial (Sinus)		′0486 □	CTA Head		70496	
☐ CT Lumbar Spine w	72132	☐ CT Maxillofacial (Sinus)		0487 □	CT Soft Tissue Neck		70490	
☐ CT Lumbar Spine w/wo	72133	☐ CT Maxillofacial (Sinus)		0488	CT Soft Tissue Neck		70491	
CT Thoracic Spine wo	72128	☐ CT Orbits wo		0480	0	W/WO	70492	
☐ CT Thoracic Spine w	72129	☐ CT Orbits w		0481	- 0 17 (1100)(. •	70498	
CT Thoracic Spine w/wo		☐ CT Orbits w/wo		0482	CT Entrak ENT Plan	ning	70486	
☐ CT Stereotactic/Stealth	77011	☐ CT Temporal Bones wo DOMEN/ PELVIS	1	0480 □		AITV		
	71250	☐ CT Abdomen/Pelvis wo	7	'4176 □	EXTREM CT Lower Ext wo	LDRD	72700	
☐ CT Chest (Thorax) wo ☐ CT Chest (Thorax) w	71260	☐ CT Abdomen/Pelvis w		4170 L	CT Lower Ext wo	LORO		
☐ CT Chest (Thorax) w/wo		☐ CT Abdomen/Pelvis w		4177 L	CT Lower Ext w/wo	LORO		
☐ CT Chest (Thorax) w/wo	71275	☐ CT Abdomen and Pel		4176 L	CTA Lower Ext	LORO		
☐ CTA Chest	71275	☐ CT Pelvis wo			CT Upper Ext wo	LORO		
☐ CT Chest Hi-Res w	71250	☐ CT Pelvis w			CT Upper Ext w	LORO		
☐ CT Chest Hi-Res wo	71260	☐ CT Pelvis w/wo			CT Upper Ext w/wo	LORO		
□ CT Abdomen wo	74150	☐ CTA Pelvis			CTA Runoff Study		75635	
□ CT Abdomen w	74160	□ Other	•		pecific Extremity (e.g. knee, a	ankle):	10000	
□ CT Abdomen w/wo	74170	CT BIOPSY & INTERVENTIONAL			CARDIAC			
□ CTA Abdomen	74175	Please Specify:			CT Coronary CTA (C		75574	
□ CT Urogram w/wo	74178				CT Calcium Scoring		75571	
☐ CT Kidney Stone Prot	74176	_		F	CT Heart (Non-Coro	narv)	75572	
☐ Other					CT TAVR PROTOCO			
					75572 (Transcatheter Aortic V			
L		1			•	· · ·		
Form filled out by:		O	ffice Phor	ne Number	· ·			
Ordering Physician:		To	odav's Da	te/Time·				

Physician Signature:______