



Beaufort Memorial

Outpatient Imaging and Diagnostic Order

Patient Name (last, first, middle initial) <input type="checkbox"/> Male <input type="checkbox"/> Female		Date:
DOB	SSN	ORDERS VALID FOR 30 DAYS FROM DATE OF SIGNING General instructions - All orders for clinical exams or tests must include a statement of medical necessity by ICD –10 code or diagnosis. Test not covered by that code may be charged to the patient. Please check the box next to the appropriate exam and code and write ICD 10 code in space provided at bottom of the form. Please read and check the contrast statement located below. Please use ALL Pre-Cert Codes for insurance pre-certifications. Call 843-522-5015 to schedule.
Physician Name (print):	Physician Fax:	
Physician Signature: _____ Date: _____ Time: _____		

ALLOW USE OF CONTRAST AT THE DISCRETION OF THE RADIOLOGIST Yes No

CT				
*Contrast used at the discretion of the radiologist				
<input type="checkbox"/>	Head	without	with	w w/o
<input type="checkbox"/>	Brain	70450	40460	70470
<input type="checkbox"/>	Face	70486	70487	70488
<input type="checkbox"/>	Orbit	70480	70481	70482
<input type="checkbox"/>	IAC	70486	70487	70488
<input type="checkbox"/>	Upper Extremity	73200	73201	73202
<input type="checkbox"/>	Lower Extremity	73700	73701	73702
<input type="checkbox"/>	Neck	70490	70491	70492
<input type="checkbox"/>	Chest	71250	71260	71270
<input type="checkbox"/>	PE Protocol		71260	
<input type="checkbox"/>	Lung Screen LDCT Low-Dose CT	71271		
<input type="checkbox"/>	Abdomen	74150	74160	74170
<input type="checkbox"/>	Tri-phase liver Renal Protocol			74170
<input type="checkbox"/>	Abdomen/Pelvis	74176	74177	74178
<input type="checkbox"/>	Pancreatic Protocol			74178
<input type="checkbox"/>	Stone Protocol	74176		
<input type="checkbox"/>	Pelvis (Ortho)	72192	72193	72194
<input type="checkbox"/>	Cervical Spine	72125	72126	72127
<input type="checkbox"/>	Thoracic Spine	72128	72129	72130
<input type="checkbox"/>	Lumbar Spine	72131	72132	72133
<input type="checkbox"/>	Other:			

MRI				
*Contrast used at the discretion of the radiologist				
<input type="checkbox"/>	Brain	without	with	w w/o
<input type="checkbox"/>	IAC	70551	70552	70553
<input type="checkbox"/>	Orbit	70540	70542	70543
<input type="checkbox"/>	Pituitary			70553
<input type="checkbox"/>	Cervical Spine	72141	72142	72156
<input type="checkbox"/>	Thoracic Spine	72146	72147	72157
<input type="checkbox"/>	Lumbar Spine	72148	72149	72158
<input type="checkbox"/>	Neck	70540	70542	70543
<input type="checkbox"/>	Pelvis	72195	72196	72197
<input type="checkbox"/>	Extremity Upper	73218	73219	73220
<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/>	Joint Upper	73721	73722	73723
<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/>	Joint Lower	73721	73722	73723
<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/>	MRI Breast Unilateral	77046		77048
<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/>	MRI Breast bilateral	77047		77049
<input type="checkbox"/>	Other:			

Ultrasound		
<input type="checkbox"/>	RUQ	76705
<input type="checkbox"/>	Abdomen	76700
<input type="checkbox"/>	Renal	76770
<input type="checkbox"/>	Pelvis Transvaginal	76830
<input type="checkbox"/>	Pelvis Transabdominal	76856
<input type="checkbox"/>	Pelvis Transvaginal/Transabdominal	76857
<input type="checkbox"/>	OB-Complete>14 weeks	76805
<input type="checkbox"/>	OB-Limited AFI	76815
<input type="checkbox"/>	OB-F/U Growth	76816
<input type="checkbox"/>	OB-Transvaginal CX Length	76817
<input type="checkbox"/>	BIO-Profile	76818
<input type="checkbox"/>	Carotid	93880
<input type="checkbox"/>	Extremity Venous Doppler Bilateral	93970
<input type="checkbox"/>	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
<input type="checkbox"/>	Extremity Venous Doppler Unilateral	93971
<input type="checkbox"/>	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/>	Extremity Arterial Doppler Bilateral	93923
<input type="checkbox"/>	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
<input type="checkbox"/>	Breast Complete <input type="checkbox"/> Right <input type="checkbox"/> Left	76641
<input type="checkbox"/>	Breast Limited Area <input type="checkbox"/> Right <input type="checkbox"/> Left	76642
<input type="checkbox"/>	Scrotum	76870
<input type="checkbox"/>	Scrotal/Pelvic/retroperitoneal vascular limited	93976
<input type="checkbox"/>	Pylorus	76705
<input type="checkbox"/>	Other:	

Nuclear Med		
Cardiac Stress		
<input type="checkbox"/>	78452 multiple SPECT studies	
<input type="checkbox"/>	78453 2D singular Planar study	
<input type="checkbox"/>	93017 Electrical Activity study	
<input type="checkbox"/>	Bone Scan Whole Body	78306
<input type="checkbox"/>	Bone Scan 3 Phase	78315
<input type="checkbox"/>	Bone Scan SPECT	78830
<input type="checkbox"/>	Ventilation and Perfusion	78582
<input type="checkbox"/>	Quantitative Differential Pulmonary Perfusion	78597
<input type="checkbox"/>	Quantitative Differential Pulmonary Perfusion and Ventilation	78598
<input type="checkbox"/>	Hepatobiliary Imaging	78226
<input type="checkbox"/>	Hepatobiliary with Gallbladder EF	78227
Thyroid		
<input type="checkbox"/>	78012 Oral Thyroid Uptake	
<input type="checkbox"/>	78013 Thyroid Scan or Imaging	
<input type="checkbox"/>	78014 Thyroid Uptake & Imaging	
<input type="checkbox"/>	78015 Thyroid Met Imaging	
<input type="checkbox"/>	78016 Thyroid Met Imaging With Additional Studies	
<input type="checkbox"/>	78018 I131 Whole Body Scan	
<input type="checkbox"/>	79005 I131 Thyroid Therapy	
<input type="checkbox"/>	Gastric Emptying Study	78264
<input type="checkbox"/>	Parathyroid Scan	78070
<input type="checkbox"/>	Sentinel Node Injection	38792
Radiopharmaceutical Localization of Tumor		
<input type="checkbox"/>	78800 Limited Area	
<input type="checkbox"/>	78801 Multiple Areas	
<input type="checkbox"/>	78802 Whole Body Single Day	
<input type="checkbox"/>	78803 Tomographic (SPECT)	
<input type="checkbox"/>	78804 Whole Body, Two or More Days	
<input type="checkbox"/>	Gallium Study	78804
<input type="checkbox"/>	MUGA Study	78472
<input type="checkbox"/>	GI Bleed Study	78278
<input type="checkbox"/>	Liver Spleen Study	78215/78216
<input type="checkbox"/>	Meckel's Study	78290
<input type="checkbox"/>	Renal Study	78700/78701
<input type="checkbox"/>	Other:	

Vascular/Echo		
<input type="checkbox"/>	Segmental <input type="checkbox"/> Upper <input type="checkbox"/> Lower	93923
<input type="checkbox"/>	ABI	93922
<input type="checkbox"/>	Echo <input type="checkbox"/> w/contrast <input type="checkbox"/> w/o contrast	93306
<input type="checkbox"/>	TEE	93312
<input type="checkbox"/>	Venous Reflux Bilateral	93970
<input type="checkbox"/>	Venous Reflux <input type="checkbox"/> Right <input type="checkbox"/> left	93971
<input type="checkbox"/>	SEG w & w/o exercise	93924
<input type="checkbox"/>	Other:	

AUC Information	
Vendor Name (G Code) + Modifier:	
NPI Number:	
Decision Support Number:	
Score:	
Selected Procedure:	
Selected Indication:	
Consultation Results:	

ICD 10	
ICD 10 - diagnosis code:	_____
ICD 10 - diagnosis code:	_____
ICD 10 - diagnosis code:	_____
ICD 10 - diagnosis code:	_____

<input type="checkbox"/>	78800 Limited Area	
<input type="checkbox"/>	78801 Multiple Areas	
<input type="checkbox"/>	78802 Whole Body Single Day	
<input type="checkbox"/>	78803 Tomographic (SPECT)	
<input type="checkbox"/>	78804 Whole Body, Two or More Days	
<input type="checkbox"/>	Gallium Study	78804
<input type="checkbox"/>	MUGA Study	78472
<input type="checkbox"/>	GI Bleed Study	78278
<input type="checkbox"/>	Liver Spleen Study	78215/78216
<input type="checkbox"/>	Meckel's Study	78290
<input type="checkbox"/>	Renal Study	78700/78701
<input type="checkbox"/>	Other:	