OUTPATIENT REQUISITION FOR RADIOLOGY, NEURODIAGNOSTICS, OR CARDIOPULMONARY

(PRINT) PATIENT'S NAME (Last, First, Middle Initial)	D.O.B.	☐ Medicare	☐ Non Medicare
Ordering Physician/Location (PRINT)	Physician's Signature / Date	INSURANCE PRE-AUTHORIZATION #	

SCHEDULED DATE & TIME:

RADIOLOGY/ IMAGING FACILITY

- ☐ Mercy Radiology FAX 398-6058
- ☐ Mercy Plaza Imaging Center FAX 398-6058
- ☐ St. Luke's FAX 368-5595
- ☐ St. Luke's Marion Imaging Center FAX 286-4345
- ☐ RCI Imaging Center FAX 364-5684
- ☐ St. Luke's Hiawatha Imaging Center FAX 369-8381

EXAM / TEST REQUESTED	ICD-9	WITH SYMPTOMS / DIAGNOSIS DESCRIPTION(S)
☐ **CT - SCAN of:**		
☐ Creatinine #82565 blood test to be drawn in lab before CT if patient meets CT Contrast Criteria		
☐ **DIAGNOSTIC - X-RAY of:**		☐ **Smoker or history of**
☐ **FLUOROSCOPIC - X-RAY of:**		
☐ **MRI - SCAN of:**		
☐ Creatinine #82565 blood test to be drawn in lab before MR if patient meets MR Contrast Criteria		
☐ **NUCLEAR MEDICINE - SCAN of:**		
☐ **SPECT/CT - SCAN of:**		
☐ **ULTRASOUND - SCAN of:**		
☐ Venous Doppler Vascular Lab Study		
☐ Arterial Doppler Vascular Lab Study		
☐ **PET/CT - SCAN of:**		
☐ **OTHER:** (including special procedures)		

ALL IMAGES AND REPORTS ARE AVAILABLE ONLINE

Interpretation

☐ **Routine** (same day results)

☐ **Urgent** (Report ~ 90 min.) Pager or cell # for after hours_____

☐ **Medical Emergency = unstable patient** (Report ~ 30 min.) **Required pager or cell** _____

Patient Instructions

☐ Patient may leave

☐ Patient return to office

☐ Hold patient (Emergent cases only) **Required pager or cell #**

FAX Additional Report Copy to:

Dr._____

FAX#_____

Special Image Requests

☐ CD with patient

☐ CD by courier

CARDIOPULMONARY - FAX Mercy: 221-8563 St. Luke's: 368-5595 SCHEDULED DATE & TIME

DX Code(s) / Signs / Symptoms / Reason for Test(s):

EXAM / TEST	CPT Code	ICD-9
☐ EKG	93005	
☐ Treadmill Stress Test	93017	
☐ Cardiolite Treadmill Stress Test**	93017	
☐ Adenosine/Lexiscan Stress Test**	93017	
☐ Dobutamine Cardiolyte Stress Test**	93017	
**Radiology charges will accompany this procedure		
☐ Echocardiogram	93306	
☐ Transesophageal Echocardiogram	93312*	
☐ Dobutamine Stress Echocardiogram	93350-93017	
☐ Treadmill Stress Echocardiogram	93350-93017	

EXAM / TEST	CPT Code	ICD-9
☐ 24 hour Holter Monitor	93225*b	
☐ 48 Hour Holter Monitor	93225*b	
☐ Continuous Loop Event Monitor	93270*b	
☐ **Pulmonary Function Tests**		
☐ Pulmonary Exercise Stress Test	94621	
☐ Exercise Laryngoscopy	94620	
☐ Spot Check Oximetry	94760*b	
☐ Nocturnal Oximetry	94762*b	
☐ Exercise Oximetry	94761*b	

EXAM / TEST	CPT Code	ICD-9
Pulmonary Function Tests		
☐ Spirometry	94010	
☐ Spirometry a&p bronchodilators	94060	
☐ Diffusion Capacity (DLCO)	94720	
☐ Lung Volumes	94260	
☐ Airway resistance		
☐ If all the above tests are selected, follow PFT protocol.		
☐ MVV	94200	
☐ Methacholine Challenge	94070	
☐ Arterial Blood Gases	82803	

NEURODIAGNOSTIC - FAX Mercy: 398-6048 St. Luke's: 368-5595 SCHEDULED DATE & TIME

EXAM / TEST	ICD-9	SYMPTOMS / DIAGNOSIS DESCRIPTION(S)
☐ **EEG (95812 - 95824)**		
☐ **EMG-NCV Specify extremity (-IES) to be tested: (95860-95904)**		
☐ Upper ◉ Right ○ Left ○ Bilat		
☐ Lower ◉ Right ○ Left ○ Bilat		

☐ Call To: ☐ FAX To: ☐ Copy To:

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. Complete the ABN for tests that Medicare will not consider "medically necessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.noridianmedicare.com (Part B). [*] Asterisk or [*b] indicates test is governed by a coverage determination.