CRG CT Order Form

Cheyenne Radiology Group

To Schedule an Appointment Phone: 307-634-7711 or Fax: 307-634-7760
If Creatinine labs are needed, fax results that are within 30 days for contrast exams.

Patient Name:	DOB:	Weight:	Date of Request:
Patient Address:			Phone:
Insurance:	Policy #:		Payer ID:
ICD 10 Codes:			

	CT ABDOMEN/PELVIS	CPT
	CT Abdomen without contrast ☐ Oral	74150
	CT Abdomen with contrast IV_____ IV and Oral_____	74160
	CT Abdomen with AND without contrast IV_____ IV and Oral_____	74170
	CT Abdomen/Pelvis without contrast ☐ Oral	74176
	CT Abdomen/Pelvis with contrast IV_____ IV and Oral_____	74177
	CT Abdomen/Pelvis with AND without contrast IV _____ IV and Oral _____	74178
	CT Hip (Acetabulum) without contrast	72192
	CT Pelvis without contrast	72192
	CT Pelvis with contrast	72193
	CT Pelvis with AND without contrast	72194
	CT CHEST	**CPT**
	CT Low Dose Lung Screeding *(Hx tobacco use)*	71271
	CT Chest without contrast ☐ High Resolution	71250
	CT Chest with contrast	71260
	CT Chest with AND without contrast	71270
	CT Chest/Abdomen/Pelvis without contrast ☐ Oral	71250 74176
	CT Chest/Abdomen/Pelvis with contrast IV_____ IV and Oral_____	71260 74177
	CT Chest/Abdomen/Pelvis with AND without contrast IV_____ IV and Oral_____	71270 74178
	CT HEAD/NECK	**CPT**
	CT Brain (Head) without contrast	70450
	CT Brain (Head) with contrast	70460
	CT Brain (Head) with AND without contrast	70470
	CT Facial or Sinus without contrast	70486
	CT Facial or Sinus with contrast	70487
	CT Facial or Sinus with AND without contrast	70488
	CT Neck without contrast *(soft tissue)*	70490
	CT Neck with contrast *(soft tissue)*	70491
	CT Neck with and without contrast *(soft tissue)*	70492
	CT Orbit Sella Temporal Bone or IACS without contrast	70480
	CT Orbit Sella Temporal Bone or IACS with contrast	70481
	CT Orbit Sella Temporal Bone or IACS with and without contrast	70482
	CT Limited/ Localized Follow up (indicate location below) _____	76380

	CT SPINE	CPT
	CT Cervical Spine without contrast	72125
	CT Cervical Spine with contrast	72126
	CT Cervical Spine with AND without contrast	72127
	CT Lumbar Spine without contrast	72131
	CT Lumbar Spine with contrast	72132
	CT Lumbar Spine with AND without contrast	72133
	CT Thoracic Spine without contrast	72128
	CT Thoracic Spine with contrast	72129
	CT Thoracic Spine with AND without contrast	72130
	COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)	**CPT**
	CTA Abdomen with contrast *(AAA)*	71475
	CTA Abdomen with runoff with contrast	75635
	CTA Abdomen/Pelvis with AND without contrast	74174
	CTA Chest for ☐ AAA or ☐ PE	71275
	CTA Chest/Abdomen *(AAA)*	71275
	CTA Head with AND without contrast	70496
	CTA Neck with AND without contrast	70498
	CTA Pelvis with contrast	72191
	CTA Upper extremity with AND without contrast R____ L____	73206
	CTA Lower extremity with AND without contrast R____ L____	73706
	CTA Calcium Scoring without contrast	75571
	CT PROCEDURES	**CPT**
	CT guided SI injection R____ L____	27096
	CT Cystogram_____ or Enterography____ with and without contrast	74178
	CT Guided needle placement R____ L____	77012
	CT Guided drainage	770124
	CT EXTREMITIES	**CPT**
	CT Lower Extremity without contrast R_____ L_____ ☐ Ankle ☐ Foot ☐ Hip ☐ Femur ☐ Knee	73700
	CT Lower Extremity with contrast R_____ L_____ ☐ Ankle ☐ Foot ☐ Hip ☐ Femur ☐ Knee	73701
	CT Lower Extremity with AND without contrast R_____ L_____ ☐ Ankle ☐ Foot ☐ Hip ☐ Femur ☐ Knee	73702
	CT Upper Extremity without contrast R_____ L_____ ☐ Elbow ☐ Hand ☐Forearm ☐ Humerus ☐ Shoulder	73200
	CT Upper Extremity with contrast R_____ L_____ ☐ Elbow ☐ Hand ☐Forearm ☐ Humerus ☐ Shoulder	73201
	CT Upper Extremity with AND without contrast R_____ L_____ ☐ Elbow ☐ Hand ☐Forearm ☐ Humerus ☐ Shoulder	73202

Additional Information:

Facility Name, Address, Phone Number and Fax:

Provider Signature: _____

Printed Provider Name and NPI Number:

_____