



CRG MRI 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. Fax most recent PSA results for Prostate MRI exams.

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

MRA (ANGIOGRAPHY)		CPT	MRI BODY		CPT
MRA Head without contrast		70544	MRI Chest without contrast		71550
MRA Head with contrast		70545	MRI Chest with contrast		71551
MRA Head with AND without contrast		70546	MRI Chest with AND without contrast		71552
MRA Neck without contrast		70547	MRI Abdomen without contrast	<input type="checkbox"/> MRCP	74181
MRA Neck without contrast		70549	MRI Abdomen with AND without contrast	<input type="checkbox"/> MRCP	74183
MRA Chest EXC Myocardium with AND without contrast		71555	MRI Pelvis without contrast		72195
MRA Abdomen with AND without contrast (renal)		74185	MRI Pelvis with contrast		72196
MRA Pelvis with AND without contrast		72198	MRI Pelvis with AND without contrast		72197
MRI HEAD AND NECK		CPT	MRI Enterography (Abd/Pel) with AND without contrast		74183 72197
MRI Brain without contrast		70551	MRI Breast Bilateral without contrast		77047
MRI Brain with contrast		70552	MRI Breast Bilateral with AND without Contrast		77048
MRI Brain with AND without contrast		70553	MRI Prostate with AND without contrast		721971
MRI Brain IAC with AND without contrast (int audit canal)		705531	<input type="checkbox"/> DYNACAD Pre-surgical Planning		
MRI Pituitary without contrast		70551	MRI UPPER EXTREMITY		CPT
MRI Pituitary with contrast		70552	MRI Upper Extremity w Joint without contrast		73221
MRI Pituitary with AND without contrast		705532	R _____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist		
MRI Face, Neck, or Orbit without contrast		70540	MRI Upper Ext w Joint with contrast		73222
MRI Face, Neck, or Orbit with contrast		70542	R _____ L _____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist (Arthrogram)		
MRI Face, Neck, or Orbit with AND without contrast		70543	MRI Upper Ext w Joint with AND without contrast		73223
MRI Temporomandibular joints		70336	R _____ L _____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist		
MRI SPINE		CPT	MRI Upper Extremity w/o Joint without contrast		73218
MRI Cervical Spine without contrast		72141	R _____ L _____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm		
MRI Cervical Spine with contrast		72142	MRI Upper Extremity w/o Joint with contrast		73219
MRI Cervical Spine with AND without contrast		72156	R _____ L _____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm		
MRI Thoracic Spine without contrast		72146	MRI Upper Extremity w/o Joint with AND without contrast R _____ L _____ <input type="checkbox"/> Hand <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm		73220
MRI Thoracic Spine with contrast		72147	MRI LOWER EXTREMITY		CPT
MRI Thoracic Spine with and without contrast		72157	MRI Lower Extremity w Joint without contrast		73721
MRI Lumbar Spine with AND without contrast		72148	R _____ L _____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle		
MRI Lumbar Spine with contrast		72149	MRI Lower Extremity w Joint with contrast		73722
MRI Lumbar Spine with and without contrast		72158	R _____ L _____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle (Arthrogram)		
MRI PROCEDURES		CPT	MRI Lower Extremity w Joint with AND without contrast		73723
MRI Guided Biopsy, Aspiration, or Injection Localization		77021	R _____ L _____ <input type="checkbox"/> Hips <input type="checkbox"/> Knee <input type="checkbox"/> Ankle		
MRI Guided Breast Biopsy R _____ L _____		19085	MRI Lower Extremity w/o Joint without contrast		73718
ADDITIONAL INFORMATION:					

Facility Name, Address, Phone Number and Fax:

Provider Signature:

Printed Provider Name and NPI Number: