CRG X Ray Order Form

Cheyenne Radiology Group

To Schedule an Appointment Phone: 307-634-7711 or Fax: 307-634-7760

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

	XRAY ABDOMEN/PELVIS	CPT
	XR Abdomen, 1 view	74018
	XR Abdomen, 2 views	74019
	XR Abdomen, 3 or more views	74022
	XR Pelvis, 1-2 views Standing_____ Supine_____	72170
	XR Pelvis Complete, min 3 views	72190
	XR Hips Bilateral with Pelvis, 2 Views	73521
	XR Hips Bilateral with Pelvis, 3-4 views	73522
	XR Hips Bilateral with Pelvis, min 5 views	73523
	XR Hip Unilateral, 1 view R_____ L_____	73501
	XR Hip Unilateral, 2-3 views R_____ L_____	73502
	XR Hip Unilateral with Pelvis R_____ L_____	73502
	XR KUB	74018
	XR SI Joints, min 2 views	72202
	XR Sacrum/Coccyx, min 2 views	72220
	XRAY CHEST	**CPT**
	XR Chest, 1 view TC_____	71045
	XR Chest, 2 views TC_____	71046
	XR Chest, 3 views	71047
	XR Clavicle R_____ L_____	73000
	XR Ribs Unilateral, 2 views R_____ L_____	71100
	XR Ribs Bilateral with PA Chest	71111
	XR Ribs Unilateral with PA Chest R_____ L_____	71101
	XR Sternum, min 2 views	71120
	XR Sternoclavicular Joint, min 3 views	71130
	XRAY SPINE	**CPT**
	XR Cervical Spine, 2-3 images	72040
	XR Cervical Spine, min 4 views	72050
	XR Cervical Spine complete with obliques	72052
	XR Thoracic Spine, 2 views	72070
	XR Thoracic Spine, 3 views	72072
	XR Thoracic Spine, min 4 views	72074
	XR Thoracolumbar, 2 views	72080
	XR Lumbar Spine, 2-3 views	72100
	XR Lumbar Spine, min 4 views	72110
	XR Lumbar Spine complete with bending views	72114
	XR Lumbar Spine with bending views only	72120
	XR Spine, 1 view (specify level)	72020
	XR Spine entire, 1 view (scoliosis)	72081
	XR Spine entire, 2-3 views (scoliosis)	72082
	XR Foreign Body Screening (trunk)	76010
	XR Bone Age Hand and Wrist	77072
	XR Scanogram legs (both)	77073
	XR Bone Survey, limited	77074
	XR Bone Survey complete	77075
	Dexa Scan	77080

	XRAY EXTREMITIES/SHOULDERS	CPT
	XR AC Joints Bilateral	73050
	XR Shoulder, 1 views R_____ L_____	73020
	XR Shoulder complete, min 2 views R_____ L_____	73030
	XR Scapula complete R_____ L_____	73010
	XR Humerus, min 2 views R_____ L_____	73060
	XR Elbow, min 2 views R_____ L_____	73070
	XR Elbow, min 3 views R_____ L_____	73080
	XR Forearm, min 2 views R_____ L_____	73090
	XR Femur, 1 view R_____ L_____	73551
	XR Femur, min 2 views R_____ L_____	73552
	XR Knee, 1-2 views R_____ L_____	73560
	XR Knee complete, min 3 views R_____ L_____	73562
	XR Knee, 3 views with Stand sunrise tunnel	73564
	XR Knees bilat stand AP only	73565
	XR Tib/Fib, 2 views R_____ L_____	73590
	XR Infant Lower extremity, min 2 views R_____ L_____	73592
	XR Infant Upper extremity, min 2 views R_____ L_____	73092
	XRAY FEET/ANKLES	**CPT**
	XR Ankle, 2 views R_____ L_____	73600
	XR Ankle complete, min 3 views	73610
	XR Foot, 2 views R_____ L_____	73620
	XR Foot complete, min 3 views R_____ L_____	73630
	XR OS Calcis Heel, min 2 views R_____ L_____	73650
	XR Toes, min 2 views R_____ L_____	73660
	XRAY HANDS/WRISTS	**CPT**
	XR Wrist, 2 views R_____ L_____	73100
	XR Wrist complete, min 3 views R_____ L_____	73110
	XR Hand, 2 views R_____ L_____	73120
	XR Hand, min 3 views R_____ L_____	73130
	XR Fingers, min 2 views R_____ L_____ (>2 fingers order hand)	73140
	XRAY HEAD/NECK	**CPT**
	XR Screening of eye for foreign body (MRI screening)	70030
	XR Mandible Partial, 1-3 views	70100
	XR Mandible complete, min 4 views	70110
	XR Mastoids, 1-2 views per side	70120
	XR Facial Bones, < 3 views	70140
	XR Facial Bones complete, min 3 views	70150
	XR Nasal Bones complete, min 3 views	70160
	XR Orbits complete, min 4 views	70200
	XR Sinuses, 1-2 views	70210
	XR Sinuses complete, min 3 views	70220
	XR Skull, 1-3 views	70250
	XR Skull complete, min 4 views	70260
	XR TMJ open and closed Bilat	70330
	XR Neck, Soft tissue, 2 views	70360

Additional Information: (*instructions for standing, upright or tangential views*)

Facility Name, Address, Phone Number, Fax:

Provider Signature: _____

Printed Provider Name and NPI Number:

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CRG X Ray Fluoroscopy Order Form

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Patient Name:	DOB:	Weight:	Date of Request:
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ICD 10 Codes:			

	X RAY FLUOROSCOPY (RF) EXAMS	CPT
	RF Small intestines follow through	74248
	RF Small bowel only	74250
	RF BE single contrast	74270
	RF BE with air contrast	74280
	RF IVP Infusion Drip and or Bolus	74410
	RF Nephrostogram S I *(plus 50431)*	74425
	RF Cystography S I *(plus 51600)*	74430
	RF VCUG Void cystourethro *(plus 51600)*	74455
	RF Hystero S I *(plus 58340)*	74740
	RF Shuntogram	75809
	RF Fluoroscopy only to 1 hr physi	76000
	RF Fistulagram	CRFIST
	RF Inject-Retro Urethrocystography	51610
	RF Esophagram Barium Swallow single contrast	74220
	RF Esophagram double swallow	74221
	RF UGI single contrast	74240
	RF UGI double contrast	74246
	RF Abscess Drainage	10060
	RF injection tendon, ligament/Ganglion	20550
	RF Trigger Point Injection 1 or 2	20552
	RF Trigger Point Injection 3 or more	20553
	RF SM Joint/Bursa Asp/Inj R_____ L_____ area:	20600
	RF MED Joint/Bursa Asp/Inj R_____ L_____ area:	20605
	RF Large Joint/Bursa Asp/Inj R_____ L_____ area:	20610

	X RAY FLUOROSCOPY (RF) EXAMS	CPT
	RF SI Join Injection unilateral R_____ L_____	27096
	RF Swallowing test for Speech Pathology	70371
	RF Aspiration spinal cord cyst/syrinx	62268
	RF Lumbar Puncture	62270
	RF CR Blood Patch	62273
	RF Cervical Myelography via lumbar inj, inc S&I	62302
	RF Thoracic Myelography via lumbar inj, inc S&I	62303
	RF Lumbard Myelography via lumbar inj, inc S&I	62304
	RF 2 or more regions Myelography via lumbar inj, inc S&I	62305
	RF Epidural L Spine	62323
	RF Spinal Cord Stimulation	63650
	RF Nerve Root Block Trans EPI	64483
	RF Inject C T Spine Facet w/ guidance R_____ L_____	64490
	RF Inject Facet L S Spine w/ guidance R_____ L_____	64493
	RF Inject Facet L S SP 2nd LVL with guidance R____ L____	64494
	RF Inject Facet L S SP 3rd LVL with guidance R____ L____	64465
	RF Discogram – Lumbar S and I	72295
	RF Shoulder Arthro S I (Plus 23350) R_____ L_____	73040
	RF Elbow Arthro S I (plus 24220) R_____ L_____	73085
	RF Wrist Arthro S I (plus 25246) R_____ L_____	73115
	RF Hip Arthro S I (plus 27093) R_____ L_____	73525
	RF Knee Arthro S I (plus 27369) R_____ L_____	73580
	RF Ankle Arthro S I (plus 27648) R_____ L_____	73615
	RF Herniogram/Peritoneogram S I	74190
	RF Addt'l exam:	

Additional Information:

Facility Name, Address, Phone Number and Fax:

Provider Signature: _____

Printed Provider Name and NPI Number:

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