

INTERVENTIONAL PROCEDURES ORDER FORM

| | | | | |
|---|------------|--|-------------------------------------|-------------|
| LAST NAME | | TODAYS DATE | *** ICD-10 INFO REQUIRED *** | |
| FIRST NAME | | DATE OF BIRTH | NARRATIVE SYMPTOM OR DIAGNOSIS | ICD-10 Code |
| PHONE | ALT. PHONE | 1 | | |
| INSURANCE COMPANY | | 2 | | |
| POLICY # | GROUP # | 3 | | |
| PHYSICIAN NAME | | SPECIAL INSTRUCTIONS | | |
| PHYSICIAN TELEPHONE NUMBER | | <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT (Need results w/in 24 hrs) <input type="checkbox"/> STAT (Need results immediately) | | |
| PHYSICIAN SIGNATURE *** (REQUIRED) | | PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH # | | |

| <input checked="" type="checkbox"/> EXAM | CPT(S) |
|---|---------------------|
| ASPIRATION | |
| <input type="checkbox"/> ASPIRATION OF CYST THYROID US GUIDANCE | 60300, 76942 |
| <input type="checkbox"/> ASPIRATION OF FLUID COLLECTION CT GUIDANCE | 10160, 77012 |
| <input type="checkbox"/> ASPIRATION OF FLUID COLLECTION US GUIDANCE | 10160, 76942 |
| <input type="checkbox"/> ASPIRATION OF SHOULDER/HIP/KNEE W FLUORO | 20610, 77002 |
| BIOPSY | |
| <input type="checkbox"/> BIOPSY ABDOMINAL MASS CT GUIDANCE | 49180, 77012, 10009 |
| <input type="checkbox"/> BIOPSY ABDOMINAL MASS US GUIDANCE | 49180, 76942, 10005 |
| <input type="checkbox"/> BIOPSY ADRENAL CT GUIDANCE | 49180, 77012, 10009 |
| <input type="checkbox"/> BIOPSY BONE DEEP CT GUIDANCE | 20225, 77012, 10009 |
| <input type="checkbox"/> BIOPSY BONE SUPERFICIAL CT GUIDANCE | 20220, 77012, 10009 |
| <input type="checkbox"/> BIOPSY BREAST STEREOTACTIC GUIDANCE | 19081 |
| <input type="checkbox"/> BIOPSY BREAST US GUIDANCE | 19083 |
| <input type="checkbox"/> BIOPSY KIDNEY CT GUIDANCE | 50200, 77012, 10009 |
| <input type="checkbox"/> BIOPSY LIVER CT GUIDANCE | 47000, 77012, 10009 |
| <input type="checkbox"/> BIOPSY LIVER US GUIDANCE | 47000, 76942, 10005 |
| <input type="checkbox"/> BIOPSY LUNG CT GUIDANCE | 32405, 77012, 10009 |
| <input type="checkbox"/> BIOPSY LYMPH NODE CT GUIDANCE | 38505, 77012, 10009 |
| <input type="checkbox"/> BIOPSY LYMPH NODE US GUIDANCE | 38505, 76942, 10005 |
| <input type="checkbox"/> BIOPSY MUSCLE/SOFT TISSUE MASS US GUIDANCE | 20206, 76942, 10005 |
| <input type="checkbox"/> BIOPSY PANCREAS CT GUIDANCE | 48102, 77012, 10009 |
| <input type="checkbox"/> BIOPSY SALIVARY GLAND US GUIDANCE | 42400, 76942, 10005 |
| <input type="checkbox"/> BIOPSY SPLEEN CT GUIDANCE | 49180, 77012, 10009 |
| <input type="checkbox"/> BIOPSY THYROID US GUIDANCE | 60100, 76942, 10005 |
| BREAST PROCEDURES | |
| <input type="checkbox"/> ASPIRATION OF CYST BREAST US GUIDANCE | 19000, 76942 |
| <input type="checkbox"/> BIOPSY BREAST STEREOTACTIC GUIDANCE | 19081 |
| <input type="checkbox"/> BIOPSY BREAST US GUIDANCE | 19083 |
| <input type="checkbox"/> INJECTION OF RADIOACTIVE TRACER FOR SENTINEL NODE IDENTIFICATION US GUIDANCE | 38792, 76998 |
| <input type="checkbox"/> WIRE LOCALIZATION BREAST MAMMO GUIDANCE | 19281 |
| <input type="checkbox"/> WIRE LOCALIZATION BREAST US GUIDANCE | 19285 |

| <input checked="" type="checkbox"/> EXAM | CPT(S) |
|--|---------------------|
| DRAINAGE/CATHETER PLACEMENT | |
| <input type="checkbox"/> CHEST TUBE PLACEMENT W IMAGE GUIDANCE | 32557 |
| <input type="checkbox"/> DRAINAGE OF FLUID COLLECTION W CATHETER IN PERITONEAL/RETROPERITONEAL SPACE | 49406 |
| <input type="checkbox"/> DRAINAGE OF FLUID COLLECTION W CATHETER IN SOFT TISSUES | 10030 |
| <input type="checkbox"/> DRAINAGE OF FLUID COLLECTION W CATHETER IN VISCERAL ORGAN | 49405 |
| <input type="checkbox"/> NEPHROSTOMY CATHETER EXCHANGE | 50435 |
| <input type="checkbox"/> NEPHROSTOMY CATHETER PLACEMENT LEFT | 50432 |
| <input type="checkbox"/> NEPHROSTOMY CATHETER PLACEMENT RIGHT | 50432 |
| <input type="checkbox"/> NG TUBE PLACEMENT W FLUORO GUIDANCE | 43752 |
| <input type="checkbox"/> PARACENTESIS W IMAGING GUIDANCE | 49083 |
| <input type="checkbox"/> PICC INSERTION AGE 5 YEARS OR OLDER | 36569, 76937, 77001 |
| <input type="checkbox"/> PICC INSERTION YOUNGER THAN 5 YEARS OF AGE | 36568, 76937, 77001 |
| <input type="checkbox"/> PICC REMOVAL | 99211 |
| <input type="checkbox"/> THORACENTESIS W IMAGING GUIDANCE | 32555 |
| INJECTIONS | |
| <input type="checkbox"/> STEROID INJECTION ANKLE LEFT FLUORO GUIDE | 20605, 77002 |
| <input type="checkbox"/> STEROID INJECTION ANKLE RIGHT FLUORO GUIDE | 20605, 77002 |
| <input type="checkbox"/> STEROID INJECTION HIP LEFT FLUORO GUIDANCE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION HIP RIGHT FLUORO GUIDANCE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION KNEE LEFT FLUORO GUIDANCE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION KNEE RIGHT FLUORO GUIDE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION SHOULDER LEFT FLUORO GUIDE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION SHOULDER RIGHT FLUORO GUIDE | 20610, 77002 |
| <input type="checkbox"/> STEROID INJECTION SI JOINT LEFT CT GUIDANCE | 27096 |
| <input type="checkbox"/> STEROID INJECTION SI JOINT RIGHT CT GUIDANCE | 27096 |
| OTHER | |
| <input type="checkbox"/> LUMBAR PUNCTURE W FLUORO GUIDANCE | 62270, 77003 |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Fax this order to: (928) 532-1411
Scheduling Phone: (928) 537-6554
Radiology Dept Phone: (928) 537-6338



556 (05/17)

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