

Outpatient Radiology Interventional Imaging Services



HMH2526

Please Fax completed order form, recent H&P, and Lab Results to 713-793-1200

ALL INFORMATION MUST BE COMPLETED PRIOR TO SCHEDULING

PATIENT INFORMATION

Name: _____ DOB: _____ Sex: _____
 Insurance Company: _____ Insurance Phone Number: _____
 Subscriber Insurance ID Number: _____ Group Number: _____
 Insurance Prior Authorization Number: _____ Authorization Dates: _____
 Diagnosis: _____
 ICD-10 Code (provide for each test ordered): _____

PROVIDER OFFICE CONTACT INFORMATION (must have HMH medical staff privileges)

Requesting Physician (print): _____ Primary phone number: _____
 Provider Clinic Phone Number: _____ Pager: _____
 Contact person for scheduling (name & number): _____

IMAGING HISTORY

Houston Methodist Imaging Houston Methodist Imaging Date: _____
 Outside Films Outside Films Imaging Date: _____ Will send with patient Films sent to: _____

MEDICAL HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have diagnosed sleep apnea? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient short of breath at rest? <input type="checkbox"/> Yes <input type="checkbox"/> No Does patient develop distress when supine/prone? <input type="checkbox"/> Yes* <input type="checkbox"/> No Does patient need supplemental oxygen? *How much? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient taking Aspirin, Plavix, or Other Anticoagulants? <input type="checkbox"/> Yes <input type="checkbox"/> No History of angina, heart attack, arrhythmia, CHF?	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have Iodine or x-ray contrast allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior history of sedation problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Translator needed? Specify language: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No** Is the patient consentable? **If unconsentable, contact person is (name & phone number): _____
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X	CPT	BILIARY/GASTROINTESTINAL	X	CPT	BIOPSY (Con.)
	47532	PTC (cholangiography) via new access		10160	Needle aspiration skin/subcutaneous
	47533	External biliary drainage catheter placement		36002	Needle local thrombin injection
	47534	Internal/external drainage catheter placement		20550	Injection tendon/sheath
	47535	Conversion of external to internal biliary drainage catheter		10030	Soft tissue abscess, hematoma drain
	47536	Exchange of biliary catheter		49405	Visceral drain
	47537	Removal of biliary catheter		49406	Fluid collection drainage by catheter (peritoneal or retroperitonea)
	75984	Catheter/tube change Site (circle one): Pelvic/ Abdominal/ Retroperitoneal Side (circle one): Right/ Left		20604	Arthrocentesis, aspiration and/or injection, small joint or bursa
	47538	Stent placement in bile duct(s) via existing access		20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa Site (circle one): Right/ Left
	47543	Biopsy, endoluminal (brush, needle, forceps), percutaneous		20611	Arthrocentesis, aspiration and/or injection, major joint or bursa Site (circle one): Right/ Left
	<small>Use all three: 75970, 37200 & 36012</small>	Tansjuglar liver biopsy with hepatic pressures		32555	Thoracentesis Site (circle one): Right/ Left
	37182	TIPS (Transjugular Intrahepatic Portosystemic Shunt)		49083	Paracentesis
	37183	TIPS (Transjugular Intrahepatic Portosystemic Shunt) revision		50390	Renal cyst aspiration and diagnostic study Site (circle one): Right/ Left
	49440	Place gastrostomy tube		47382	CT liver ablation
	49446	Conversion gastrostomy to gastrojejunostomy tube		50593	CT kidney ablation
	49452	Replace gastrostomy/gastrojejunostomy tube		35550	CT chest tube placement
	49465	Gastrointestinal tube check			Other (specify): _____
	47490	Cholecystostomy, percutaneous, including imagine and guidance and cholecystogram			
		Other (specify): _____			
X	CPT	BIOPSY	X	CPT	SPINE
	10005	FNA performed with ultrasound guidance, first lesion Site (circle one): Right/ Left		62328	Lumbar puncture with fluoro
	20206	Soft tissue biopsy OR Muscle biopsy, needle percutaneous		62290	Lumbar Discography with each disc
	20220	Bone biopsy, superficial, percutaneous		22510	Thoracic vertebroplasty with imaging guidance
	20225	Bone biopsy, abdominal/retroperitoneal (deep, percutaneous)		22512	Lumbosacral or thoracic vertebroplasty with imaging guidance
	32400	Pleura biopsy, percutaneous		62302	Cervical Myelogram
	32408	Lung or mediastinum biopsy, percutaneous (including imaging guidance) Site (circle one): Right/ Left		62303	Thoracic Myelogram
	49180	Biopsy, percutaneous needle Specify (circle one): Abdomen retroperitoneum/ adrenal biopsy/ lymph node retroperitoneal/ pleura/ spleen/ omentum		62304	Lumbarosacral Myelogram
	38505	Lymph node biopsy, superficial		62305	Complete Myelogram **includes all levels**
	47000	Liver biopsy, percutaneous		62284	Intrathecal injection for myelogram or CT; lumbar puncture
	42400	Salivary gland biopsy		62323	Cisternogram with nuclear medicine (includes LP)
	48102	Pancreas biopsy, percutaneous		62323	Cisternogram with CT (includes contrast and LP)
	38222	Bone marrow aspiration and biopsy		20225	Spine Biopsy (deep bone): Level (specify): _____
	50200	Kidney biopsy, percutaneous Site (circle one): Right/ Left Transplant (circle one): Right/ Left		0200T (uni);	Sacroplasty Side (circle one): Right/ Left/ Bilateral
	60100	Thyroid core biopsy, percutaneous		0201T (bilat)	
				22513 (thoracic) /	Kyphoplasty Side (circle one): Right/ Left/ Bilateral
				22514 (lumbar) /	
				22515 (each staff)	
				22511	Vertebroplasty one vert lum Side (circle one): Right/ Left/ Bilateral Level (specify): _____



X CPT SPINE (Con.)		X CPT NEURO	
27096 / G0260 (for Medicare)	Si joint injection Side (circle one): Right/ Left	36224 (Internal carotid) / 36226 (vertebral)	Cerebral Angiogram
64483 (single level) / 64484 (each addtl level)	Spinal Guidance -transforaminal, lumbar Side (circle one): Right/ Left Level (specify): _____	Include all four codes: 36224, 36217, 61624, 75894	Embolization
62323	Lumbar Nerve Root Block Side (circle one): Right/ Left/ Bilateral Level (specify): _____	61635	Carotid Intracranial Stent Placement
62323	Epidural Injection (interlaminar)	37215	Carotid Cervical Stent PLC with embo protection
64493 (1st level) / 64494 (2nd level)	Lumbar Facet Inject Side (circle one): Right/ Left/ Bilateral Level (specify): _____	36224,78610	Angio w/ WADA test (neurophys)
	Other (specify): _____	36470	Sclerotherapy of varicose veins
		75705	Spinal Angiogram
		0075T	Vertebral Angioplasty & Stent
			Other (specify): _____
X CPT URINARY		X CPT VENOUS	
50432	Placement of nephrostomy tube	75820 (extremity, uni), 75822 (extremity, bilat), 75825 (IVC), 75827 (SVC)	Diagnostic Venogram Site:
50433	Placement of nephroureteral catheter		
50434	Convert nephrostomy to nephroureteral catheter		
50435	Nephrostomy tube check		
50437	Dilation of existing tract, percutaneous for an endourologic procedure with tube placement, including new access into collecting system	37238 (venous) / 37236 (arterial)	Intravascular Stent Site (specify): _____
50693	Ureteral stent placement via new access with separate nephrostomy	49185	Sclerotherapy or fluid collection Site (specify): _____
50382	Indwelling ureteral stent removal and replacement via percutaneous approach	75741 (uni) / 75743 (bilat)	Pulmonary Angio Side (circle): Right/ Left/ Bilateral
50384	Indwelling ureteral stent removal via percutaneous approach	37193	IVC filter Removal
50389	Nephrostomy or Nephroureteral stent removal and replacement requiring fluoroscopy, externally accessible	37191	IVC Filter Placement
	Other (specify): _____	75889	Hepatic Venogram & Pressures
		76937	CVC Catheter Insertion or cular access Select (circle one): PORT/ TDC/ TCL/ PICC
		36593	CVC Port/Declot Thromboembolic Agent
X CPT ARTERIAL			
75726 (visceral), 75710 (uni extremity), 75716 (bilat extremity)	Diagnostic Arteriogram Site (specify): _____	76000 (reposition) / 77001 (exchange)	CVC Reposition/Exchange
37242	Arterial Embolization Non-neuro Site:	37241	Vein Embolization
37243	TACE (Transarterial Chemoembolization)	37248	Venoplasty
	Other (specify): _____	32550	Tunneled catheter placement Site (circle one): Abdomen/ Pleura Side (circle one): Right/ Left
		36589	Tunneled catheter removal
		36901	Fistulogram
		Include both codes: 75893, 36500	Adrenal Vein Sampling (Add'l orders required)
			Other (specify): _____

OTHER PROCEDURES / SPECIAL INSTRUCTIONS

Physician Name:	Physician NPI:	SCHEDULING PHONE 713.441.6550 Select Option 5 SCHEDULING DEPT HOURS M-F 8AM-5PM SCHEDULING FAX 713.793.1200
Physician Signature:	Date & Time of Order:	
Physician's Phone #:	Physician's Fax #:	
FOR ADDITIONAL SCRIPTS, Email HMHPPhysicianLiaisons@houstonmethodist.org		



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Radiology
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