

# Outpatient Radiology Interventional Imaging Services



MH2526

**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: \_\_\_\_\_  
 Patient Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 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

Yes    No   Does the patient have diagnosed sleep apnea?     Yes    No   Does the patient have Iodine or x-ray contrast allergy?  
 Yes    No   Is the patient short of breath at rest?     Yes    No   Prior history of sedation problems?  
 Yes    No   Does patient develop distress when supine/prone?     Yes    No   Translator needed? Specify language: \_\_\_\_\_  
 Yes\*    No   Does patient need supplemental oxygen? \*How much? \_\_\_\_\_     Yes    No\*\*   Is the patient consentable?  
 Yes    No   Is patient taking Aspirin, Plavix, or Other Anticoagulants?    \*\*If unconsentable, contact person is (name & phone number): \_\_\_\_\_  
 Yes    No   History of angina, heart attack, arrhythmia, CHF?

X	CPT	BILIARY/GASTROINTESTINAL	X	CPT	BIOPSY (Con.)
	47532	PTC (cholangiography) via new access		50200	Kidney biopsy, percutaneous Site (circle one): Right/ Left
	47533	External biliary drainage catheter placement			Transplant (circle one): Right/ Left
	47534	Internal/external drainage catheter placement		60100	Thyroid core biopsy, percutaneous
	47535	Conversion of external to internal biliary drainage catheter		10160	Needle aspiration skin/subcutaneous
	47536	Exchange of biliary catheter		36002	Needle local thrombin injection
	47537	Removal of biliary catheter		20550	Injection tendon/sheath
	75984	Catheter/tube change Site (circle one): Pelvic/ Abdominal/ Retroperitoneal Side (circle one): Right/ Left		10030	Soft tissue abscess, hematoma drain
	47538	Stent placement in bile duct(s) via existing access		49405	Visceral drain
	47543	Biopsy, endoluminal (brush, needle, forceps), percutaneous		49406	Fluid collection drainage by catheter (peritoneal or retroperitonea)
	Use all three: 75970, 37200 & 36012	Tansjuglar liver biopsy with hepatic pressures		20604	Arthrocentesis, aspiration and/or injection, small joint or bursa
	37182	TIPS (Transjugular Intrahepatic Portosystemic Shunt)		20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa Site (circle one): Right/ Left
	37183	TIPS (Transjugular Intrahepatic Portosystemic Shunt) revision		20611	Arthrocentesis, aspiration and/or injection, major joint or bursa Site (circle one): Right/ Left
	49440	Place gastrostomy tube		32555	Thoracentesis Site (circle one): Right/ Left
	49446	Conversion gastrostomy to gastrojejunostomy tube		49083	Paracentesis
	49452	Replace gastrostomy/gastrojejunostomy tube		50390	Renal cyst aspiration and diagnostic study Site (circle one): Right/ Left
	49465	Gastrointestinal tube check		47382	CT liver ablation
	47490	Cholecystostomy, percutaneous, including imagine and guidance and cholecystogram		50593	CT kidney ablation
		Other (specify): _____		35550	CT chest tube placement
					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): _____
				0200T (uni);	Sacroplasty Side (circle one): Right/ Left/ Bilateral
				0201T (bilat)	



X CPT SPINE (Con.)		X CPT NEURO	
22513 (thoracic) / 22514 (lumbar) / 22515 (each addtl)	Kyphoplasty Side (circle one): Right/ Left/ Bilateral	36224 (internal carotid) / 36226 (vertebral)	Cerebral Angiogram
22511	Vertebroplasty one vert lum Side (circle one): Right/ Left/ Bilateral Level (specify): _____	Include all four codes: 36224, 36217, 61624, 75894	Embolization
27096 / G0260 (for Medicare)	Si joint injection Side (circle one): Right/ Left	61635	Carotid Intracranial Stent Placement
64483 (single level) / 64484 (each addtl level)	Spinal Guidance -transforaminal, lumbar Side (circle one): Right/ Left Level (specify): _____	37215	Carotid Cervical Stent PLC with embo protection
62323	Lumbar Nerve Root Block Side (circle one): Right/ Left/ Bilateral Level (specify): _____	36224,78610	Angio w/ WADA test (neurophys)
62323	Epidural Injection (interlaminar)	36470	Sclerotherapy of varicose veins
64493 (1st level) / 64494 (2nd level)	Lumbar Facet Inject Side (circle one): Right/ Left/ Bilateral Level (specify): _____	75705	Spinal Angiogram
	Other (specify): _____	0075T	Vertebral Angioplasty & Stent
			Other (specify): _____
X CPT URINARY		X CPT VENOUS	
50432	Placement of nephrosotomy tube	75820 (extremity, uni), 75822 (extremity, bilat), 75825 (IVC), 75827 (SVC),	Diagnostic Venogram Site: _____
50433	Placement of nephroureteral catheter	37238 (venous) / 37236 (arterial)	Intravascular Stent Site (specify): _____
50434	Convert nephrostomy to nephroureteral catheter	49185	Sclerotherapy or fluid collection Site (specify): _____
50435	Nephrosotomy tube check	75741 (uni) / 75743 (bilat)	Pulmonary Angio Side (circle): Right/ Left/ Bilateral
50437	Dilation of existing tract, percutaneous for an endourologic procedure with tube placement, including new access into collecting system	37193	IVC filter Removal
50693	Ureteral stent placement via new access with separate nephrosotomy	37191	IVC Filter Placement
50382	Indwelling ureteral stent removal and replacement via percutaneous approach	75889	Hepatic Venogram & Pressures
50384	Indwelling ureteral stent removal via percutaneous approach	76937	CVC Catheter Insertion or ular access Select (circle one): PORT/ TDC/ TCL/ PICC
50389	Nephrosotomy or Nephroureteral stent removal and replacement requiring fluoroscopy, externally accessible	36593	CVC Port/Declot Thromboembolitic Agent
	Other (specify): _____	76000 (reposition) / 77001 (exchange)	CVC Reposition/Exchange
		37241	Vein Embolization
		37248	Venoplasty
		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 6 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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