

Outpatient Radiology Interventional Imaging Services

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

ALL INFORMATION MUST BE COMPLETED PRIOR TO SCHEDULING



HMH2526

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 Is the patient short of breath at rest?
 Yes No Does patient develop distress when supine/prone?
 Yes* No Does patient need supplemental oxygen? *How much? _____
 Yes No Is patient taking Aspirin, Plavix, or Other Anticoagulants?
 Yes No History of angina, heart attack, arrhythmia, CHF?

Yes No Does the patient have Iodine or x-ray contrast allergy?
 Yes No Prior history of sedation problems?
 Yes No Translator needed? Specify language: _____
 Yes No** Is the patient consentable?

**If unconsentable, contact person is (name & phone number): _____

X CPT BILIARY/GASTROINTESTINAL

47532	PTC (cholangiography) via new access
47533	External biliary drainage catheter placement
47534	Internal/external drainage catheter placement
47535	Conversion of external to internal biliary drainage catheter
47536	Exchange of biliary catheter
47537	Removal of biliary catheter
75984	Catheter/tube change Site (circle one): Pelvic/ Abdominal/ Retroperitoneal Side (circle one): Right/ Left
47538	Stent placement in bile duct(s) via existing access
47543	Biopsy, endoluminal (brush, needle, forceps), percutaneous
Use all three: 75970, 37200 & 36012	Tansjugular liver biopsy with hepatic pressures
37182	TIPS (Transjugular Intrahepatic Portosystemic Shunt)
37183	TIPS (Transjugular Intrahepatic Portosystemic Shunt) revision
49440	Place gastrostomy tube
49446	Conversion gastrostomy to gastrojejunostomy tube
49452	Replace gastrostomy/gastrojejunostomy tube
49465	Gastrointestinal tube check
47490	Cholecystostomy, percutaneous, including imagine and guidance and cholecystogram
	Other (specify): _____

X CPT BIOPSY (Con.)

50200	Kidney biopsy, percutaneous Site (circle one): Right/ Left Transplant (circle one): Right/ Left
60100	Thyroid core biopsy, percutaneous
10160	Needle aspiration skin/subcutaneous
36002	Needle local thrombin injection
20550	Injection tendon/sheet
10030	Soft tissue abscess, hematoma drain
49405	Visceral drain
49406	Fluid collection drainage by catheter (peritoneal or retroperitonea)
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa Site (circle one): Right/ Left
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa Site (circle one): Right/ Left
32555	Thoracentesis Site (circle one): Right/ Left
49083	Paracentesis
50390	Renal cyst aspiration and diagnostic study Site (circle one): Right/ Left
47382	CT liver ablation
50593	CT kidney ablation
35550	CT chest tube placement
	Other (specify): _____

X CPT BIOPSY

10005	FNA performed with ultrasound guidance, first lesion Site (circle one): Right/ Left
20206	Soft tissue biopsy OR Muscle biopsy, needle percutaneous
20220	Bone biopsy, superficial, percutaneous
20225	Bone biopsy, abdominal/retroperitoneal (deep, percutaneous)
32400	Pleura biopsy, percutaneous
32408	Lung or mediastinum biopsy, percutaneous (including imaging guidance) Site (circle one): Right/ Left
49180	Biopsy, percutaneous needle Specify (circle one): Abdomen retroperitoneum/ adrenal biopsy/ lymph node retroperitoneal/ pleura/ spleen/ omentum
38505	Lymph node biopsy, superficial
47000	Liver biopsy, percutaneous
42400	Salivary gland biopsy
48102	Pancreas biopsy, percutaneous
38222	Bone marrow aspiration and biopsy

X CPT SPINE

62328	Lumbar puncture with fluoro
62290	Lumbar Discography with each disc
22510	Thoracic vertroplasty with imaging guidance
22512	Lumbosacral or thoracic vertebroplasty with imaging guidance
62302	Cervical Myelogram
62303	Thoracic Myelogram
62304	Lumbarosacral Myelogram
62305	Complete Myelogram **includes all levels**
62284	Intrathecal injection for myelogram or CT; lumbar puncture
62323	Cisternogram with nuclear medicine (includes LP)
62323	Cisternogram with CT (includes contrast and LP)
20225	Spine Biopsy (deep bone): Level (specify): _____
0200T (uni); 0201T (bilat)	Sacroplasty Side (circle one): Right/ Left/ Bilateral



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 nephrostomy 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	Nephrostomy 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 nephrostomy		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 cular access Select (circle one): PORT/ TDC/ TCL/ PICC	
50389	Nephrostomy or Nephroureteral stent removal and replacement requiring fluoroscopy, externally accessible		36593	CVC Port/Declot Thromboembolic Agent	
	Other (specify): _____		76000 (reposition) / 77001 (exchange)	CVC Reposition/Exchange	
			37241	Vein Embolization	
X CPT		ARTERIAL		37248	Venoplasty
75726 (visceral); 75710 (uni extremity), 75716 (bilat extremity)	Diagnostic Arteriogram Site (specify): _____		32550	Tunneled catheter placement Site (circle one): Abdomen/ Pleura Side (circle one): Right/ Left	
37242	Arterial Embolization Non-neuro Site:		36589	Tunneled catheter removal	
37243	TACE (Transarterial Chemoembolization)		36901	Fistulogram	
	Other (specify): _____		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
Physician Signature:	Date & Time of Order:	SCHEDULING DEPT HOURS M-F 8AM-5PM
Physician's Phone #:	Physician's Fax #:	SCHEDULING FAX 713.793.1200
		FOR ADDITIONAL SCRIPTS, Email HMHPhysicianLiaisons@houstonmethodist.org



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Radiology
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