

OUTPATIENT TEST REQUISITION FORM - RADIOLOGY

Radiology Associates of San Luis Obispo

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SIERRA VISTA
REGIONAL MEDICAL CENTER

1010 Murray Avenue
San Luis Obispo, CA
Ph 805-546-7676
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FOR APPOINTMENT CALL		TEST DAY			TEST TIME	
Radiology 805-546-7676		MONTH	DAY	YEAR	AM / PM	
PATIENT NAME Last Name		First	MI	SEX	DATE OF BIRTH	
REQUESTING PHYSICIAN				PHYSICIAN PHONE		
Routine	ASAP	STAT	Call or	Fax _____		

Medicare regulations require the tests to be medically necessary for the diagnosis and treatment of the patient to qualify for reimbursement from the program. The physician must be treating the patient in connection with the diagnosis or complaints listed and this information must accurately reflect the medical reasons for requesting these tests. The medical necessity of each test ordered on this requisition must be documented in the patient's medical record. Tests ordered for the purpose of screening, or which the physician believes to be appropriate even if the payer may not allow reimbursement, may not be billed to Medicare except for the purpose of receiving a denial. An Advance Beneficiary Notice (ABN) must be signed by the beneficiary or authorized person indicating his/her willingness to assume financial responsibility for the testing. **GENERAL INSTRUCTIONS:** Please provide the diagnostic information in the form of a valid ICD-9-CM diagnosis code or complete narrative diagnoses that are documented in the patient's medical record for the tests requested below.

ICD-9-CM Code or Narrative Diagnosis ICD-9-CM Code or Narrative Diagnosis

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

RADIOGRAPHY

HEAD & NECK

- Skull 1-3 View/4 View Min
- Mandible 1-3 View/4 View Min
- Facial Bones 1-2 View/3 View Min
- Nasal Bones
- Sinus 3 View Min
- Limited Sinus (Waters' View)
- Soft Tissue Neck

CHEST

- PA & Lateral 2 View
- PA 1 View
- Decubitus View
- Ribs R L Bilat

ABDOMEN

- KUB 1 View
- 2
- 3 Abd Series
- SPINE**
- Cervical
 - 1 View 2 View
 - 3 View 4 View Min
- Flex & Ext
- Thoracic
- Thoracolumbar
- Lumbar
 - 1 View 2 View 3 View
 - 4 View Min Other _____
- Sacrum/Coccyx
- Pelvis 1-2 View
- Scoliosis

UPPER EXTREMITY

- Clavical R L
- Shoulder 1 View/2 View Min R L
- AC Joints R L
- Humerus R L
- Elbow 1-2 View/3 View Min R L
- Forearm R L
- Wrist 1-2 View/3 View Min R L
- Hand 1-2 View/3 View Min R L
- Fingers R L

LOWER EXTREMITY

- Hip Unilat/Bilat R L
- Femur R L
- Knee 1-3 View/4 View Min R L
- Tibia/Fibula R L
- Ankle 1-2 View/3 View Min R L
- Calcaneus R L
- Foot 1-2 View/3 View Min R L
- Toes R L

FLUOROSCOPY

GI TRACT

- Esophagram 74220
- UGI 74247
- Small Bowel Series 74250
- Barium Enema 74270
- UGI w/ Small Bowel Series 74249

URINARY TRACT/GYN

- VP 74400
- VCUg 74455
- Cystogram 74430
- HSG 74740
- Retrograde Urethrogram 74450

ARTHROGRAPHY

- Shoulder 73040
- Wrist 73115
- Hip 73525
- Knee 73580
- Other

MYELOGRAPHY

- Cervical 72240
- Thoracic 72255
- Lumbar 72265

SPIRAL CT SCAN

NON CONTRAST STUDIES

- Brain 70450
- Temporal 70480
- Bones / Orbits
- Facial Bones 70486
- Sinus 70486
- Sinus Limited 76380
- Chest 71250
- Chest High Resolution 71250
- Abdomen 74150
- Cervical Spine 72125
- Thoracic Spine 72128
- Lumbar 72131
- Upper Extremity 73200
- Lower Extremity 73700

CTA

- Abdomen with Runoff 75635
- Abdomen without Runoff 74175
- Chest 71275
- Head 70496
- Lower Extremity 73706
- Upper Extremity 73206
- Pelvis 72191

STUDIES WITH AND WITHOUT CONTRAST

- Abdomen 74170
- Pelvis 72194
- Chest 71270
- Brain 70470
- Abdomen w Pelvis 74170 + 72193

CONTRAST STUDIES

- Brain 70460
- Abdomen 74160
- Pelvis 72193
- Upper Extremity 73201
- Lower Extremity 73701

CT RENAL STUDIES

- Flank Pain Protocol 76380
- CT / IVP 74170
- Renal Mass 74170

MISC

- Reconstruction 76375

ULTRASOUND

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Abdomen 76700 | <input type="radio"/> Aorta 76770 |
| <input type="radio"/> Thyroid 76536 | <input type="radio"/> Pelvis 76856 |
| <input type="radio"/> Breast 76645 | <input type="radio"/> Scrotal 76870 |
| R L Bilat | <input type="radio"/> OB 76805 |
| <input type="radio"/> Kidney 76770 | <input type="radio"/> Other _____ |

OTHER: _____ CPT _____

NUCLEAR MEDICINE

- | | |
|--|--|
| <input type="radio"/> Thyroid Imag W/Uptake 78007 | <input type="radio"/> Bone Scan 3 Phase 78315 |
| <input type="radio"/> Thyroid CA Scan 78018 | <input type="radio"/> Myocardial Spect Rest/Exercise 78464 |
| <input type="radio"/> Thyroid Treatment 79000 | <input type="radio"/> Lung V/Q Scan 78588 |
| <input type="radio"/> Parathyroid Scan 78070 | <input type="radio"/> Cisternogram 78630 |
| <input type="radio"/> Liver Scan Spect 78205 | <input type="radio"/> CSF Shunt Evaluation 78645 |
| <input type="radio"/> Liver/Spleen Scan Static 78215 | <input type="radio"/> Kidney Scan Static 78700 |
| <input type="radio"/> Hida Scan 78223 | <input type="radio"/> Kidney Scan Function 78704 |
| <input type="radio"/> Gastric Emptying 78264 | <input type="radio"/> Sentinel Node 78195 |
| <input type="radio"/> GI Blood Loss Study 78278 | <input type="radio"/> Tumor 78800 |
| <input type="radio"/> Meckels Diverticulum 78290 | <input type="radio"/> Gallium Wbdy 78806 |
| <input type="radio"/> Pytest 78267 | <input type="radio"/> WBC Label Scan 78806 |
| <input type="radio"/> Bone Scan Limited 78300 | <input type="radio"/> Other _____ |
| <input type="radio"/> Bone Scan Whole Body 78306 | |

M.D. SIGNATURE _____

(OVER)

PRE-EXAM INSTRUCTIONS

CT SCAN

Notify Department of any allergies or if you are pregnant.

Head/Chest:

Clear liquids okay before the exam.

Abdomen/Pelvic:

Pick up EZ CAT preparation materials at our office the afternoon before your study and follow directions.

ULTRASOUND

Pelvic or OB/GYN:

A full bladder is essential. You will have the urge to urinate with a full bladder. (If you do not, your bladder is not full enough; your study will be delayed or need to be rescheduled). Drink 1 full quart of fluids, 1-2 hours prior to exam and do not urinate. (The slower the bladder fills, the less discomforting.)

Abdomen:

Fasting 8 hours prior to exam.

Gallbladder:

Nothing to eat or drink 8 hours prior to study.

NUCLEAR MEDICINE

Hida Scan:

Nothing to eat or drink 8 hours prior to exam.

Thyroid Scan:

Nothing to eat or drink 8 hours prior to exam. No strawberries or shellfish 48 hours prior to exam.

Gastric Emptying:

Nothing to eat or drink 8 hours prior to exam.

Cisternogram:

Nothing to eat or drink 8 hours prior to injection.

FLUOROSCOPY

Upper G.I. Series:

Nothing to eat or drink 8 hours prior to study.

Barium Enema:

Eat a clear liquid lunch and dinner on day prior to study (no milk, milk products or high-residue foods). Pick up Barium enema kit at our office at least 2 days before your study and follow the enclosed directions for the 24-hour prep.

Intravenous Pyleogram (IVP):

Pick up prep kit at our office the day before your study.

INTERVENTIONAL PROCEDURES

Please call for instructions.

HOW TO REACH SIERRA VISTA REGIONAL MEDICAL CENTER

FROM SANTA MARIA:

101 North to SLO

Exit Hwy 1 Morro Bay

Right on Santa Rosa

Right on Murray Ave.

FROM NORTH COUNTY:

101 South to SLO

Exit right on California Blvd.

Left on Foothill Blvd.

Left on Casa

Right on Murray Ave.

FROM MORRO BAY/CAMBRIA:

Hwy. 1 South to SLO

Hwy. 1 becomes Santa Rosa St.

Pass Foothill Blvd. 1 block

Turn left on Murray Ave.



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