



**Advanced
Diagnostic
Radiology**

PATIENT NAME: _____

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Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity. ADR would like to remind providers that we cannot accept diagnosis(es) that include the terms **"PROBABLE", "POSSIBLE", "SUSPECTED", "RULE OUT",** or **"QUESTIONABLE"**. Please include signs and symptoms and any abnormal test results.

PLEASE CHECK ALL THAT APPLY

- ANY IMPLANTS
- PACEMAKER
- ANEURYSM CLIP
- COCHLEAR IMPLANTS
- CARDIAC VALVE
- NEURO STIMULATOR
- SHEET METAL WORK/WELDING/OR GRINDING

Reason for exam: _____

FOR EXTREMITIES PLEASE INDICATE THE LOCATION:

HEAD AND NECK		CPT#	ICD-9	BODY MRI BREAST		CPT#	ICD-9
MRI TMJ		70336		MRI BREAST WITHOUT AND/OR WITH UNILATERAL		76093	
MRI ORBIT, FACE, NECK WITHOUT		70540		MRI BREAST WITHOUT AND/OR WITH BILATERAL		76094	
MRI ORBIT, FACE, NECK WITH		70542		MRI SPINAL CANAL			
MRI ORBIT, FACE, NECK WITHOUT & WITH		70543		MRI C-SPINE WITHOUT		72141	
MRI BRAIN WITHOUT		70551		MRI C-SPINE WITH		72142	
MRI BRAIN WITH		70522		MRI C-SPINE WITHOUT AND WITH		72143	
MRI BRAIN WITHOUT & WITH		70553		MRI T-SPINE WITHOUT		72146	
MRA HEAD WITHOUT		70544		MRI T-SPINE WITH		72147	
MRA HEAD WITH		70545		MRI T-SPINE WITHOUT AND WITH		72157	
MRA HEAD WITHOUT & WITH		70546		MRI L-SPINE WITHOUT		72148	
MRA NECK WITHOUT		70547		MRI L-SPINE WITH		72149	
MRA NECK WITH		70548		MRI L-SPINE WITHOUT AND WITH		72158	
MRA WITHOUT & WITH		70549		MRA SPINAL WITHOUT AND WITH		72159	
BODY MRI CARDIAC/CHEST REGION				MRI ANY JOINT OR EXTREMITY			
CARDIAC MRI MORPHOLOGY WITHOUT		75552	R L	MRI UPPER EXTJOINT WITHOUT		73221	
CARDIAC MRI WITH		75553	R L	MRI UPPER EXT JOINT WITH		73222	
CARDIAC MRI WITH OR WITHOUT		75554	R L	MRI UPPER EXT JOINT WITHOUT AND WITH		73223	
CARDIAC MRI LTD		75555	R L	MRI LOWER EXT JOINT WITHOUT		73721	
CARDIAC MRI FOR VELOCITY FLOW MAPPING		75556	R L	MRI LOWER EXT JOINT WITH		73722	
MRI CHEST WITHOUT		71550	R L	MRI LOWER EXT JOINT WITHOUT AND WITH		73723	
MRI CHEST WITH		71551	R L	MRI UPPER EXTREMITY WITHOUT		73218	
MRI CHEST WITHOUT & WITH		71552	R L	MRI UPPER EXTREMITY WITH		73219	
MRA CHEST EXC MYOCARDIUM WO & WITH		71555	R L	MRI UPPER EXTREMITY WITHOUT AND WITH		73220	
BODY MRI ABDOMEN AND PELVIS REGION			R L	MRA UPPER EXTREMITY WITHOUT OR WITH		73225	
MRI ABDOMEN WITHOUT		74181	R L	MRI LOWER EXTREMITY WITHOUT		73718	
MRI ABDOMEN WITH		74182	R L	MRI LOWER EXTREMITY WITH		73719	
MRI ABDOMEN WITHOUT & WITH		74183	R L	MRI LOWER EXTREMITY WITHOUT AND WITH		73720	
MRA ABDOMEN WITHOUT OR WITH		74185	R L	MRA LOWER EXTREMITY WITHOUT OR WITH		73725	
MRI PELVIS WITHOUT		72195		OTHER			
MRI PELVIS WITH		72196		MR GUIDANCE FOR NEEDLE PLACEMENT		76393	
MRI PELVIS WITHOUT & WITH		72197		MR SKELETAL SURVEY		76498	

Ordering Physician (please print): _____

Physician Signature (**STAMPS NOT ACCEPTED**): _____

Date: _____