

Please ALWAYS Fax order to ensure processing.

Outpatient Imaging Scheduling Fax 318-966-7151 • Outpatient Imaging Scheduling Phone 318-966-4700



PLEASE SELECT THE SERVICE LOCATION:

Downtown • 309 Jackson Street • Monroe, LA 71201 CHC • 2600 Tower Drive • Monroe, LA 71201

Patient Name _____ Last _____ First _____ MI _____

DOB _____ M _____ F _____ Phone: _____ Alternate# _____

DX _____ : _____ : _____

PRECERT# _____ Insurance _____

AUC# _____

Physician _____ PRINT _____ Signature (Stamped signatures can no longer be accepted) _____ Date _____

Schedule Confirm
 Call Report # _____
 Copy to _____
 CD Send w/pt
 Other _____

Appt. Date: _____
 Time: _____

NOTE: Shaded procedures are NOT PERFORMED at St. Francis Community Health Center (CHC).

X-RAY		NUCLEAR MEDICINE		CT		MRI					
	Skull	78070	Parathyroid	70450	Head WO	70540	MRI Neck WO				
	Sinus Series	78012	Thyroid 6 & 24 hr with uptake	70470	Head W/WO	70543	MRI Neck W/WO				
	Sinus Film Waters	78582	VQ lung scan with CXR	70480	IAC WO	70543 70553	MRI Orbits W/WO				
	Facial Bones	78452	Cardiac Spec Multi	70481	IAC W	70551	MRI Brain WO				
	Nasal Bones	78473	Muga	70482	IAC W/WO	70553	MRI Brain W/WO				
	Chest PA Only	78306	Bone Scan, Whole Body	70480	Orbits WO	71552	MRI Chest W/WO				
	Chest PA/Lateral	78315	Bone Scan, 3 phase	70481	Orbits W	75561	MRI Cardiac W/WO				
R	L	Chest w/Rib Detail	78226	HIDA (hepatobiliary)	70482	Orbits W/WO	R	L	77058	MRI Breast W/WO Unilateral	
R	L	Shoulder	78227	HIDA with CCK	70486	Sinus WO			77059	MRI Breast W/WO Bilateral	
R	L	Clavicle	78264	Gastric Emptying	70487	Sinus W			72141	MRI Spine Cervical WO	
R	L	Humerus	78707	Triple Renal	70488	Sinus W/WO			72156	MRI Spine Cervical W/WO	
R	L	Forearm	78708	Renal with Lasix	70486	Facial Bones WO			72146	MRI Spine Thoracic WO	
R	L	Elbow		Other:	70490	Soft Tissue Neck WO			72157	MRI Spine Thoracic W/WO	
R	L	Wrist		ULTRASOUND	70491	Soft Tissue Neck W			72148	MRI Spine Lumbar WO	
R	L	Hand		Head & neck soft tissue	70492	Soft Tissue Neck W/WO			72158	MRI Spine Lumbar W/WO	
R	L	Finger Specify digit:		Carotids	71250	Chest WO			72195	MRI Pelvis or Prostate WO	
		C-spine		Thyroid	71260	Chest W			72197	MRI Pelvis or Prostate W/WO	
		T-spine	R	L	Breast Bilateral	72125	Spine Cervical WO		74181	MRI Abdomen WO	
		L-spine			Abdomen Complete (Liver, Spleen Aorta, Kidneys, GB, Pancreas)	72128	Spine Thoracic WO		74183	MRI Abdomen W/WO	
		Abdomen - Flat/Erect			Renal Complete	72131	Spine Lumbar WO		74181 76376	MRI MCRP WO	
		Abdomen Flat (KUB)			Renal Complete include Bladder	72192	Pelvis WO		74183 76376	MRI Abd W/WO with MRCP	
		Pelvis			Renal Arteries	72193	Pelvis W	R	L	73222	MRI W/ Arthrogram Upper Ext or Joint *Specify
R	L	Hip			Pelvis (Uterus, Ovaries)	72194	Pelvis W/WO	R	L	73722	MRI W/Arthrogram Lower Ext or Joint *Specify
R	L	Femur			OB	74150	Abdomen Only WO	R	L	73218	MRI Non-joint Upper Ext WO *Specify
R	L	Knee			Testicular/Scrotum	74160	Abdomen Only W	R	L	73221	MRI Joint Upper Ext WO *Specify
R	L	Lower Leg			Infant Hips	74170	Abdomen Only W/WO	R	L	73718	MRI Non-joint Lower Ext WO *Specify
R	L	Ankle			Abdominal Doppler	74176	Abdomen/Pelvis WO *Specify if Stone Protocol _____	R	L	73721	MRI Joint Lower Ext WO *Specify
R	L	Foot	R	L	Venus Doppler Upper	74177	Abdomen/Pelvis W			70544	MRA Head WO
R	L	Toe Specify digit:	R	L	Venus Doppler Lower	74178	Abdomen/Pelvis W/WO			70549	MRA Neck W/WO
		Bone Age	R	L	Arterial Doppler Upper	73200	Upper Extremity WO *Specify Left or Right			74185	MRA Abdomen W/WO
		DEXA Bone Density	R	L	Arterial Doppler Lower	73700	Lower Extremity WO *Specify Left or Right				MRI/MRA Other :
		Metastatic Series			Other:	70496	CTA Head W/WO				
		Esophagus			MAMMOGRAPHY	71275	CTA Chest W/WO				
		Upper GI			Screening	71275	CTA Chest PE Protocol W/WO				
		Upper GI w/Small Bowel	R	L	Diagnostic	72191	CTA Pelvis W/WO				
		Barium Enema				74175	CTA Abdomen W/WO				
		Other				74174	CTA Abdomen/Pelvis W/WO				
						75635	CTA Abdomen W/Runoff				
							CT/CTA Other:				

W - Indicates with IV contrast
 WO - Indicates without IV contrast
 W/WO - Indicates with and without IV contrast
 With Contrast 60+ years of age order BUN/Creatinine
 NOTE: All CT abdomen and/or pelvis Exams will require to drink a liquid contrast (this is not the same as IV)

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FAX FORM, H&P AND INSURANCE INFORMATION DATED WITHIN 30 DAYS OF PROCEDURE.

PATIENT INFORMATION

Requested Date of Procedure _____
Patient Name _____
Last First MI

PROCEDURE

ICD10 _____
Procedure/CPT _____
Anesthesia type: Local _____ IV Sedation _____ General _____ (put in AG book)
Amount of time needed for procedure _____
Ordering MD _____ Signature _____ Date _____
Performing MD _____
Contact Person _____ Phone _____

INSURANCE INFORMATION

Insurance Company _____
Address _____
City State Zip
Patient ID _____ Group ID _____ Phone _____

What is Appropriate Use Criteria (AUC)?

- An ordering provider must consult AUC for Medicare Part B advanced imaging orders (including CT, MRI, nuclear medicine and PET scans) with some exceptions.
- Providers who furnish this advanced imaging must document each consultation on the CMS claim in order to receive reimbursement for their services to include: a unique CDSM (Clinical Decision Support Mechanism) vendor G code and CMS-specified modifiers related to consultation results or, if applicable, exemptions.
- Providers can access imaging AUC either via a qualified CDSM integrated into an electronic health record system or a stand-alone qualified CDSM.
- In the future, CMS will review the interactions to determine "outliers" — referring providers with low AUC adherence rates — who will be subject to additional prior authorization processes for the exams they order.
- 2020 and 2021 are an educational and operations testing period for the Medicare AUC Program.
- Without a documented consult, rendering providers will not receive Medicare payment for the procedure after the current educational and operations testing period ends on Dec. 31, 2021.
- Radiologists and referring providers should be working together to implement AUC consultation strategies to ensure appropriate workflows are in place when reimbursement for advanced imaging is affected, starting Jan. 1, 2022.

PLEASE NOTE: The list on page one is provided to you by St. Francis Medical Center for reference purposes only to help assist providers in ordering services. St. Francis Medical Center is not responsible for the accuracy of coding submitted by your organization.