UMassMemorial
Magnetic Resonance Imaging

Physician Written MRI Order Form

To Schdule MRI Studies: Phone 1-800-258-4674
Fax this form to 1-800-253-7569

Required Information

*Patient Name: ______________________ *Date of Birth: ______________ *SSN: ______________

*Home Phone: ______________________ *Work Phone: ______________________

*Physician's Signature: ______________________ Phone: ______________________
(must provide signature)

*Physician's Name (please print): ____

Billing Information: ☐ Health ☐ MVA ☐ W/C ☐ Other Authorization: ______________________

Insurance Company: ______________________ Policy #: ______________________

☐ *This order includes authorization to perform/obtain an orbital x-ray exam, if necessary, based on patient history.*

☐ High Field ☐ 1.5T High Field Open (Shrewsbury Street only)

☐ Brain	☐ Pelvis		☐ Brain & Neck Angio
☐ Cervical	☐ Hip	☐ *Lt.* ☐ *Rt.*	☐ Brain MRA
☐ Thoracic *(Spine)*	☐ Knee	☐ *Lt.* ☐ *Rt.*	☐ Neck MRA *(carotid bifurcation)*
☐ Chest	☐ Ankle	☐ *Lt.* ☐ *Rt.*	☐ Chest MRA *(arch & great vessels)*
☐ Lumbar	☐ Foot *(fore foot)*	☐ *Lt.* ☐ *Rt.*	☐ Abdomen MRA
☐ Abdomen	☐ Wrist	☐ *Lt.* ☐ *Rt.*	☐ Pelvis MRA
☐ Breast	☐ Elbow	☐ *Lt.* ☐ *Rt.*	☐ Lower Leg MRA ☐ *Lt.* ☐ *Rt.*
☐ MRCP	☐ Shoulder	☐ *Lt.* ☐ *Rt.*	
☐ Prostate	☐ Thigh		
☐ Cardiac (University only)	☐ MR Arthrogram	☐ Other scan type: ______________	

***Gadolinium scans require Creatinine Level on patients 70+ years, women 60+ years, diabetic and all renal patients Required for Renal Screening, including GFR if known.**

Creatinine: ____________ Lab Date: ______________ GFR: ____________ Lab Date: __________

ICD9 Codes: __________ __________ __________ __________
(see reverse for ICD9 reference guide)

Diagnosis/Symptoms: ____

____

Appointment date/time: ____

☐ Gadolinium Requested
☐ Anesthesia
☐ Interpreter Required
Language ____________

***MRI scan cannot be scheduled without the required information**

Location (Select one):

_____ First available appointment at any UMass Memorial MRI location in Worcester
_____ UMass Memorial MRI - CMMIC Biotech Park, 367 Plantation Street, Worcester........................ Tax ID #04-2981362
_____ UMass Memorial MRI - Shrewsbury Street, 214 Shrewsbury Street, Worcester..................... Tax ID #04-3454298
_____ UMass Memorial MRI - CMMIC University Campus, 55 Lake Avenue, North, Worcester............. Tax ID #04-2981362
_____ UMass Memorial MRI - Memorial Campus, 119 Belmont Street, Worcester.......................... Tax ID #04-3454298
_____ UMass Memorial MRI - Marlborough Campus, 157 Union Street, Marlborough......................... Tax ID #20-2293995
_____ UMass Memorial MRI - Wing Memorial Hospital, 40 Wright Street, Palmer............................ Tax ID #04-3454298
_____ UMass Memorial MRI - HealthAlliance Leominster, 100 Hospital Road, Leominster..................... Tax ID #04-3561571
_____ UMass Memorial MRI - HealthAlliance Fitchburg, 275 Nichols Road, Fitchburg........................... Tax ID #04-3561571
_____ UMass Memorial MRI - Clinton Hospital, 201 Highland Street, Clinton... Tax ID #041-185-520

ICD9 DIAGNOSIS CODES *(for reference only)*

MRI Scan Type — CPT

Brain — 70551/ 70553

Code	Description
331.9	Cerebral Degeneration, Unspecified
340	Multiple Sclerosis
346.00	Classic Migraine
348.8	Other Conditions of Brain
434.91	Unspecified Cerebral Artery Occlusion w/ Cerebral Infarction
437.1	Generalized Ischemic Cerebrovascular Disease
780.2	Syncope & Collapse
780.4	Dizziness & Giddiness
780.39	Other Convulsions
784.0	Headaches

Cervical — 72141 / 72156

Code	Description
721.0	Cervical Spondylosis
722.0	Cervical Disc Displacement
722.4	Degeneration Cervical Intervertebral Disc
723.0	Spinal Stenosis Cervical Region
723.1	Cervicalgia
723.4	Brachial Neuritis or Radiculitis nos
737.30	Scoliosis, Kyphoscoliosis, Idiopathic

Lumbar — 72148 / 72158

Code	Description
721.3	Lumbosacral Spondylosis without Myelopathy
722.10	Lumbar Disc Displacement without Myelopathy
722.52	Degeneration Lumbar or Lumbosacral Intervertebral Disc
724.02	Spinal Stenosis Lumbar Region
724.2	Lumbago
724.5	Unspecified Backache
733.13	Pathologic fracture of Vertebrae Acquired Spondylolisthesis

Thoracic — 72146 / 72157

Code	Description
722.11	Displacement Thoracic Intervertebral Disc without Myelopathy
722. 51	Degeneration of Thoracic or Thoracolumbar Intervertebral Disc
724.1	Pain in the Thoracic Spine

Abdomen / MRCP — 74181 / 74183

Code	Description
228.04	Hemangioma Intra-Abdomen Structures
573.8	Other Specified Disorders of Liver
574.20	Calculus Gallbladder w/o Cholecystitis or Obstruction
574.50	Calculus of Bile Duct w/o Cholecystitis or Obstruction
577.0	Acute Pancreatitis
593.2	Cyst of the Kidney, Acquired
789.00	Abnormal Pain, Unspecified Site
789.01	Abdominal Pain, Right Upper Quad.
789.07	Abdominal Pain, Generalized

Pelvis — 72195 / 72197

Code	Description
185	Malignant Neoplasm of Prostate
218.9	Leiomyoma of Uterus, Unspecified
620.2	Other and Unspecified Ovarian Cyst
715.95	Osteoarthritis, Unspecified, Generalized or Localized Pelvic or Thigh Region
719.45	Pain in Joint, Pelvic Region & Thigh
724.79	Other Disorder of Coccyx
789.09	Abdominal Pain, Other Specified Site

Breast with & without Contrast — 77059

Code	Description
174.9	Malignant Neoplasm Breast (Female) Unspecified Site
233.0	Carcinoma in Situ of Breast
V10.3	Personal History of Malignant Neoplasm of Breast
V16.3	Family History of Malignant Neoplasm of Breast *(Covered By Blue Cross Only)*

*** Covered by Medicare Only***

Code	Description
611.8	Other Specified Disorders of the Breast
611.72	Lump or Mass in Breast
611.79	Other Sign & Symptoms in Breast
793.80	Abnormal Mammogram, Unspecified

Chest — 71552

Code	Description
782.2	Localized Superficial Swell. Mass, Lump
786.6	Swelling. Mass or Lump in Chest
786.50	Unspecified Chest Pain
786.59	Other Chest Pain

Shoulder, Elbow, Hand, Wrist — 73221

Code	Description
715.91	Osteoarthritis, Unspecified, Generalized or Localized Shoulder
716.91	Unspecified Arthropathy, Shoulder
719.01	Effusion of Shoulder Joint
719.41	Pain in Joint, Shoulder Region
719.42	Pain in Joint, Upper Arm
719.43	Pain in Joint, Forearm
726.10	Unspecified Disorders of Bursae and Tendons in Shoulder Region
726.19	Other Specified Disorders of Rotator Cuff Syndrome of Shoulder & Allied Disorders
840.5	Subscapularis (Muscle) Sprain / Strain
840.6	Supraspinatus Sprain Strain
959.2	Injury, Other and Unspecified, Shoulder and Upper Arm

Knee, Ankle, Foot, Hip — 73721

Code	Description
715.96	Osteoarthritis, Unspecified, Generalized or Localized Lower Leg
717.7	Chondromalacia of Patella
719.06	Effusion of the Lower Leg Joint
719.45	Pain in Joint, Pelvic Region & Thigh
719.46	Pain in Joint, Lower Leg
719.47	Pain in Joint, Ankle & Foot
727.51	Synovial Cyst of the Popliteal Space
836.0	Tear, Medial Cartilage of Meniscus Knee, Current
836.1	Tear Lateral Cartilage or Meniscus Knee, Current
844.1	Sprain Strain Medial Collateral Liga-ment of Knee
844.2	Sprain & Strain of Cruciate Ligament of Knee
959.7	Injury, Other & Unspecified, Knee, Leg, Ankle and Foot

MRA Scan Type — CPT

Brain MRA — 70544

Code	Description
346.00	Classic Migraine w/o Mention of Intractable Migraine
433.10	Carotid Artery Stenosis/Occlusion
434.91	Cerebral Artery Occlusion with Cerebral Infarction, Unspecified
435.9	Transient Cerebral Ischemia
436	Acute ill defined, Cerebrovascular Disease
437.1	Other Generalized Ischemic Cerebrovascular Disease
437.3	Cerebral Aneurysm non-ruptured
780.2	Syncope & Collapse
780.4	Dizziness & Giddiness

Neck MRA — 70547

Code	Description
346.00	Classic Migraine w/o Mention of Intractable Migraine
368.2	Diplopia
433.10	Carotid Artery Stenosis / Occlusion w/o mention of Cerebral Infarction
434.91	Cerebral Artery Occlusion with Cerebral Infarction
435.9	Transient Cerebral Ischemia
436	Acute ill defined, Cerebrovascular Disease
780.2	Syncope & Collapse
780.4	Dizziness & Giddiness

Chest MRA — 71555

Code	Description
441.2	Thoracic Aneurysm w/o Rupture
441.9	Aortic Aneurysm Unspecified Site without Rupture

Abdomen MRA — 74185

Code	Description
440.0	Atherosclerosis of the Aorta
440.1	Atherosclerosis of Renal Artery

NOTE: This list is not intended to be an all inclusive list of diagnosis codes and is only to be used for reference only. All diagnosis codes must be coded to the highest level of specificity. It is the ordering physicians responsibility that the diagnosis information provided accurately reflects his or her current knowledge, severity of complaint or condition and can be substantiated by the patients medical record.