



Shields MRI & CT - Cape Cod
 2 Iyannough Road (Route 28)
 West Yarmouth, MA 02673
 Tax ID #: 04-3494613

"Celebrating our 10th year partnering with the Cape Cod community"

To Schedule an MRI or CT Exam:
 Call 1-800-258-4674 or fax this form to 1-800-253-7569

***Required Information**

*Patient Name: _____ *Date of Birth: _____ SSN: _____

*Phone: _____ *Alt. Phone: _____

Lab Values Lab date: _____ Creatinine: _____ BUN: _____

*Physician's Signature: _____ Phone: _____

*Physician's Name (please print): _____

Billing Information: Health MVA W/C Other Insurance Company: _____

Policy #: _____ Authorization #: _____

Requested Procedure
 (please check off desired scan type)

- 1.5T High Field MRI**
 1.5T High Field Open MRI

- CT SCAN**

<p>MRI</p> <p><input type="checkbox"/> Brain <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic (<i>spine</i>) <input type="checkbox"/> Lumbar <input type="checkbox"/> Breast <input type="checkbox"/> MRCP <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> Lt. <input type="checkbox"/> Rt. <input type="checkbox"/> Knee <input type="checkbox"/> Lt. <input type="checkbox"/> Rt.</p> <p>MRA (Does not include MRI)</p> <p><input type="checkbox"/> Brain Angio <input type="checkbox"/> Neck Angio <input type="checkbox"/> Brain & Neck Angio <input type="checkbox"/> Chest Angio <input type="checkbox"/> Abdomen Angio <input type="checkbox"/> Pelvis Angio <input type="checkbox"/> Lower Leg Angio <input type="checkbox"/> Lt. <input type="checkbox"/> Rt.</p> <p><input type="checkbox"/> Other scan type: _____</p> <p><input type="checkbox"/> Gadolinium Requested</p>	<p>Contrast</p> <p><input type="checkbox"/> With IV Contrast <input type="checkbox"/> Without IV Contrast <input type="checkbox"/> With/Without IV Contrast</p> <p>CT Scan</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Orbits <input type="checkbox"/> Maxillofacial (Sinus) <input type="checkbox"/> Temporal Bones/IAC <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Dental Scan <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla</p> <p>CT Skeletal</p> <p><input type="checkbox"/> C Spine w/Sag & Coronal Reformat (Levels _____) <input type="checkbox"/> L Spine w/Sag & Coronal Reformat (Levels _____) <input type="checkbox"/> T Spine w/Sag & Coronal Reformat (Levels _____) <input type="checkbox"/> Upper Ext. w/Sag & Coronal Reformat (Levels _____) <input type="checkbox"/> Lt. <input type="checkbox"/> Rt. <input type="checkbox"/> Lower Ext. w/Sag & Coronal Reformat (Levels _____) <input type="checkbox"/> Lt. <input type="checkbox"/> Rt.</p> <p>CT Angiography</p> <p><input type="checkbox"/> Head w/Sag & Coronal Reformat <input type="checkbox"/> Neck w/Sag & Coronal Reformat <input type="checkbox"/> Chest w/Sag & Coronal Reformat <input type="checkbox"/> Abdomen w/Sag & Coronal Reformat <input type="checkbox"/> Abdomen, Aorta, Bilateral Legs (Runoff) w/Sag & Coronal Reformat <input type="checkbox"/> Other Scan Type _____</p>
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Diagnosis: _____

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

Confidential Medical Information

ICD9 DIAGNOSIS CODES (for reference only)

MRI Scan Type	CPT	MRI Scan Type	CPT	MRA Scan Type	CPT
Brain	70551/ 70553	Pelvis	72195	Brain MRA	70544
331.9 Cerebral Degeneration, Unspecified		719.45 Pain in Joint, Pelvic Region & Thigh		346.00 Classic Migraine	
340 Multiple Sclerosis		789.09 Abdominal Pain, Other Specified Site		433.10 Carotid Artery Stenosis	
346.00 Classic Migraine		Chest	71552	433.20 Occlusion, Stenosis Vertebral Artery without Cerebral Infarction	
348.8 Other Conditions of Brain, Cerebral		782.2 Localized Superficial Swell. Mass, Lump		434.91 Cerebral Artery Occlusion with Cerebral Infarction	
434.91 Unspecified Cerebral Artery Occlusion w/ Cerebral Infarction		786.50 Unspecified Chest Pain		435.9 TIA (Transient Ischemic Attack)	
437.1 Generalized Ischemic Cerebrovascular Disease		786.6 Swelling. Mass or Lump in Chest		436 Acute ill defined, Cerebro-vascular Disease (Stroke)	
780.2 Syncope & Collapse		Knee, Ankle, Foot, Hip	73721	437.1 Generalized Ischemic Cerebro-vascular Disease	
780.4 Dizziness & Giddiness		715.96 Osteoarthritis, Unspecified, Generalized or Localized Lower Leg		437.3 Non-Ruptured Cerebral Lesion	
780.39 Other Convulsions		717.7 Chondromalacia of Patella		780.2 Syncope & Collapse	
782.0 Disturbance of Skin Sensation		719.06 Effusion of the Joint, Lower Leg		780.4 Dizziness & Giddiness	
784.0 Headaches		719.45 Pain in Joint, Pelvic Region & Thigh		Neck MRA	70547
Cervical	72141 / 72156	719.46 Pain in Joint, Lower Leg		346.00 Classic Migraine	
721.0 Cervical Spondylosis		719.47 Pain in Joint, Ankle & Foot		368.2 Diplopia	
722.0 Cervical Disc Displacement		836.0 Tear, Medial Cartilage of Meniscus Knee		433.10 Carotid Artery Stenosis	
722.4 Degeneration Cervical Intervertebral Disc		836.1 Tear Lateral Cartilage Meniscus Knee, Current		434.91 Cerebral Artery Occlusion with Cerebral Infarction	
723.1 Cervicalgia		Shoulder, Elbow, Hand, Wrist	73221	435.9 TIA (Transient Ischemic Attack)	
Thoracic	72146 / 72157	715.91 Osteoarthritis, Unspecified, Generalized or Localized Shoulder		436 Acute ill defined, Cerebro-vascular Disease (Stroke)	
721.2 Thoracic Spondylosis w/o Myelopathy		719.41 Joint Pain Shoulder		780.2 Syncope & Collapse	
722.11 Displacement Thoracic Intervertebral Disc w/o Myelopathy		719.42 Joint Pain Upper Arm		780.4 Dizziness & Giddiness	
722.51 Degeneration of Thoracic or Thoracolumbar Intervertebral Disc		719.43 Joint Pain Forearm		Chest MRA	71555
724.1 Pain in the Thoracic Spine		726.10 Unspecified Disorders of Bursae and Tendons in Shoulder Region		353.0 Brachial Plexus Lesion	
Lumbar	72158 / 72148	840.6 Sprain Supraspinatus		441.2 Thoracic Aneurysm w/o Rupture	
721.2 Lumbosacral Spondylosis without Myelopathy		959.3 Injury, Other unspecified Elbow, Forearm, Wrist		441.9 Aortic Aneurysm Unspecified Site without Rupture	
722.10 Lumbar Disc Displacement		Breast with & without Contrast	77059	Abdomen MRA	74185
722.52 Degeneration Lumbar Lumbosacral Intervertebral Disc		174.9 Malignant Neoplasm Breast (Female) Unspecified Site		440.0 Atherosclerosis of the Aorta	
724.2 Lumbago (Low Back Pain)		233.0 Carcinoma in Situ of Breast		440.1 Atherosclerosis of Renal Artery	
724.5 Unspecified Backache		V10.3 Personal History of Malignant Neoplasm Breast		Bilateral Leg MRA	73725
Abdomen & MRCP	74183 / 74181	V16.3 Family Hx. of Malignant Neoplasm Breast - (Covered By Blue Cross Only)		440.20 Atherosclerosis of Native Arteries	
573.8 Other Specified Disorders of Liver		*** Covered by Medicare Only***		443.9 Unspecified Peripheral Vascular Disease	
574.20 Calculus Gallbladder w/o Cholecystitis or Obstruction		611.8 Other Specified Disorders of the Breast		444.9 Embolism, Thrombosis Unspecified Artery	
593.2 Cyst of the Kidney, Acquired		611.72 Lump or Mass in Breast		444.22 Embolism & Thrombosis Arteries, Lower Ext.	
789.00 Abnormal Pain, Unspecified Site		611.79 Other Sign & Symptoms in Breast		CT Scan Type	CPT
789.07 Abdominal Pain, Generalized		793.80 Abnormal Mammogram, Unspecified		Head/Brain	70450
CT Scan Type	CPT	CT Scan Type	CPT	298.9 Unspecified Psychosis	
573.8 Other Specified Disorders of Liver		Chest CT w & w/o Contrast	71260	780.4 Dizziness & Giddiness	
593.2 Acquired Cyst of Kidney		518.0 Pulmonary Collapse		784.0 Headache	
789.07 Abnormal Pain, Generalized		518.89 Other Diseases Lung, not Classified		Maxillofacial CT	70486
Pelvis CT	72192 / 72193	786.6 Swelling, Mass or Lump in Chest		473.0 Chronic Maxillary Sinusitis	
562.10 Diverticulosis Colon w/o Hemorrhage		Abdomen CT w/o Contrast	74150	473.9 Unspecified Sinusitis (Chronic)	
789.00 Abnormal Pain, Unspecified Site		562.10 Diverticulosis Colon w/o Hemorrhage		478.19 Other Diseases, Nasal Cavity, Sinuses	
789.07 Abnormal Pain, Generalized		592.0 Calculus of Kidney		784.0 Headache	
592.0 Calculus of Kidney		Abdomen CT with Contrast	74160	Chest CT w/o Contrast	71250
*** CTA Scan Type ***		562.10 Diverticulosis Colon w/o Hemorrhage		515 Post Inflammatory Pulmonary Fibrosis	
Abdomen CTA	74175	789.00 Abnormal Pain, Unspecified Site		518.89 Other Lung Disease, nec	
442.2 Aneurysm of Iliac Artery		789.07 Abnormal Pain, Generalized			
789.07 Abnormal Pain, Generalized					

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.