

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Indication for Study	ICD-9 Code

Special Instructions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

MRI	CPT Codes	L	R	CT Scan cont.	CPT Codes	L	R	General Radiology cont.	CPT Codes	L	R	
<input type="checkbox"/> MRA Abdomen, W/O Contrast	C8901			<input type="checkbox"/> CT Cerv Sp, W/ Contrast	72126			<input type="checkbox"/> Chest, 2 Views	71020			
<input type="checkbox"/> MRA Abdomen, W/WO Contrast	C8902			<input type="checkbox"/> CT Cerv Sp, W/O Contrast	72125			<input type="checkbox"/> Chest, 4 Views	71030			
<input type="checkbox"/> MRA Abdomen, W/ Contrast	C8900			<input type="checkbox"/> CT Cerv Sp, W/WO Contrast	72127			<input type="checkbox"/> Clavicle	73000			
<input type="checkbox"/> MRA Chest, W/ Contrast	C8909			<input type="checkbox"/> CT Head, Enhanced	70460			<input type="checkbox"/> Elbow, 2 Views	73070			
<input type="checkbox"/> MRA Chest, W/O Contrast	C8910			<input type="checkbox"/> CT Head, Unenhanced	70450			<input type="checkbox"/> Elbow, Complete	73080			
<input type="checkbox"/> MRA Chest, W/WO Contrast	C8911			<input type="checkbox"/> CT Head, W/WO Contrast	70470			<input type="checkbox"/> Facial Bns, Min 3 Views	70150			
<input type="checkbox"/> MRA Head, W/O Contrast	70544			<input type="checkbox"/> CT Lower Ext, W/ Contrast	73701			<input type="checkbox"/> Femur, 2 Views	73550			
<input type="checkbox"/> MRA Head, W/WO Contrast	70546			<input type="checkbox"/> CT Lower Ext, W/O Contrast	73700			<input type="checkbox"/> Finger, Min 2 Views	73140			
<input type="checkbox"/> MRA Head, W/ Contrast	70545			<input type="checkbox"/> CT Lower Ext, W/WO Contrast	73702			<input type="checkbox"/> Foot, 2 Views	73620			
<input type="checkbox"/> MRA Lower Ext, W/O Contrast	C8913			<input type="checkbox"/> CT Lumbar Sp, W/ Contrast	72132			<input type="checkbox"/> Foot, 3 Views	73630			
<input type="checkbox"/> MRA Lower Ext, W/ Contrast	C8912			<input type="checkbox"/> CT Lumbar Sp, W/O Contrast	72131			<input type="checkbox"/> Hand, 2 Views	73120			
<input type="checkbox"/> MRA Lower Ext, W/WO Contrast	C8914			<input type="checkbox"/> CT Lumbar Sp, W/WO Contrast	72133			<input type="checkbox"/> Hand, Min 3 Views	73130			
<input type="checkbox"/> MRA Neck, W/O Contrast	70547			<input type="checkbox"/> CT Max Face, W/ Contrast	70487			<input type="checkbox"/> Hip Unilateral, Min 2 Views	73510			
<input type="checkbox"/> MRA Neck, W/WO Contrast	70549			<input type="checkbox"/> CT Max Face, W/O Contrast	70486			<input type="checkbox"/> Hips Bilat, Min 2 Views +Ap Pelv	73520			
<input type="checkbox"/> MRA Neck, W/ Contrast	70548			<input type="checkbox"/> CT Max Face, W/WO Contrast	70488			<input type="checkbox"/> Humerus, 2 Views	73060			
<input type="checkbox"/> MRA, Spinal Cord	72159			<input type="checkbox"/> CT Orbits, W/ Contrast	70481			<input type="checkbox"/> Knee, 1-2 Views	73560			
<input type="checkbox"/> MRI Abdomen, W/ Contrast	74182			<input type="checkbox"/> CT Orbits, W/O Contrast	70480			<input type="checkbox"/> Knee, 3 Views	73562			
<input type="checkbox"/> MRI Abdomen, W/O Contrast	74181			<input type="checkbox"/> CT Orbits, W/WO Contrast	70482			<input type="checkbox"/> Knee, 4+ Views	73564			
<input type="checkbox"/> MRI Abdomen, W/WO Contrast	74183			<input type="checkbox"/> CT Pelvis, W/ Contrast	72193			<input type="checkbox"/> Lumbar Sp, 2-3 Views	72100			
<input type="checkbox"/> MRI Brain, W/ Contrast	70552			<input type="checkbox"/> CT Pelvis, W/O Contrast	72192			<input type="checkbox"/> Lumbar Sp, 4 Views	72110			
<input type="checkbox"/> MRI Brain, W/WO Contrast	70553			<input type="checkbox"/> CT Pelvis, W/WO Contrast	72194			<input type="checkbox"/> Lumbar Sp, 4 Views & Bending	72114			
<input type="checkbox"/> MRI Brain, W/O Contrast	70551			<input type="checkbox"/> CT Soft Tissue Neck, W/ Contrast	70491			<input type="checkbox"/> Lumbar Sp-Bending Only, 4 Views	72120			
<input type="checkbox"/> MRI Cervical Sp, W/ Contrast	72142			<input type="checkbox"/> CT Soft Tissue Neck, W/O Contrast	70490			<input type="checkbox"/> Mandible, 1-3 Views	70100			
<input type="checkbox"/> MRI Cervical Sp, W/O Contrast	72141			<input type="checkbox"/> CT Soft Tissue Neck, W/WO Contrast	70492			<input type="checkbox"/> Mandible, 4 Views	70110			
<input type="checkbox"/> MRI Cervical Sp, W/WO Contrast	72156			<input type="checkbox"/> CT Spine Bone Density	77078			<input type="checkbox"/> Nasal Bone, 3+ Views	70160			
<input type="checkbox"/> MRI Chest, W/ Contrast	71551			<input type="checkbox"/> CT Thoracic Sp, W/ Contrast	72129			<input type="checkbox"/> Orbits, 4+ Views	70200			
<input type="checkbox"/> MRI Chest, W/WO Contrast	71552			<input type="checkbox"/> CT Thoracic Sp, W/O Contrast	72128			<input type="checkbox"/> Pelvis, 1-2 Views	72170			
<input type="checkbox"/> MRI Chest, W/O Contrast	71550			<input type="checkbox"/> CT Thoracic Sp, W/WO Contrast	72130			<input type="checkbox"/> Pelvis, 3+ Views	72190			
<input type="checkbox"/> MRI Lower Ext, Not Joint, W/ Contrast	73719			<input type="checkbox"/> CT Thorax, Enhanced	71260			<input type="checkbox"/> Radius Ulna, 2 Views	73090			
<input type="checkbox"/> MRI Lower Ext, Not Joint, W/WO Contrast	73720			<input type="checkbox"/> CT Thorax, W/O Contrast	71250			<input type="checkbox"/> Ribs, Bilateral, 3 Views	71110			
<input type="checkbox"/> MRI Lower Ext, Not Joint, W/O Contrast	73718			<input type="checkbox"/> CT Thorax, W/WO Contrast	71270			<input type="checkbox"/> Ribs, Unilateral W/PA Chest, 3+ Views	71101			
<input type="checkbox"/> MRI Lower Ext, W/ Contrast	73722			<input type="checkbox"/> CT Upper Extrem, W/ Contrast	73201			<input type="checkbox"/> Sacroiliac, 3+ Views	72202			
<input type="checkbox"/> MRI Lower Ext, W/WO Contrast	73723			<input type="checkbox"/> CT Upper Extrem, W/O Contrast	73200			<input type="checkbox"/> Scapula, Complete	73010			
<input type="checkbox"/> MRI Lumbar Sp, W/ Contrast	72149			<input type="checkbox"/> CT Upper Extrem, W/WO Contrast	73202			<input type="checkbox"/> Shoulder, Complete	73030			
<input type="checkbox"/> MRI Lumbar Sp, W/O Contrast	72148			<input type="checkbox"/> CTA abd Aorta, bil Iliofem	75635			<input type="checkbox"/> Sinus, Less Than 3 Views	70210			
<input type="checkbox"/> MRI Lumbar Sp, W/WO Contrast	72158			<b>Mammography</b>			<b>L</b>	<b>R</b>	<input type="checkbox"/> Sinus, Min 3 Views	70220		
<input type="checkbox"/> MRI Myocardium, W/ Contrast	75553			<input type="checkbox"/> Screening Mammogram	77057			<input type="checkbox"/> Skull, Less Than 4 Views	70250			
<input type="checkbox"/> MRI Orbit, Face, Neck W/O Contrast	70540			<input type="checkbox"/> Dexa Hip-1 Spine	77080			<input type="checkbox"/> Skull, Min 4 Views	70260			
<input type="checkbox"/> MRI Orbit, Face, Neck, W/ Contrast	70542			<input type="checkbox"/> Dexa Extremities	77081			<input type="checkbox"/> Soft Tissue, Neck	70360			
<input type="checkbox"/> MRI Orbit, Face, Neck, W/WO Contrast	70543			<input type="checkbox"/> Dexa Vertebral Fx	77082			<input type="checkbox"/> Sternooclavicular-min, 3 Views	71130			
<input type="checkbox"/> MRI Pelvis, W/ Contrast	72196			<b>General Radiology</b>			<b>L</b>	<b>R</b>	<input type="checkbox"/> Thoracic Spine, 2 Views	72070		
<input type="checkbox"/> MRI Pelvis, W/O Contrast	72195			<input type="checkbox"/> Abdomen, 1 Ap View	74000			<input type="checkbox"/> Thoracolumbar, 2 Views	72080			
<input type="checkbox"/> MRI Pelvis, W/WO Contrast	72197			<input type="checkbox"/> Abdomen, 2 Views	74010			<input type="checkbox"/> Tib-fib, 2 Views	73590			
<input type="checkbox"/> MRI Thoracic Sp, W/ Contrast	72147			<input type="checkbox"/> Abdomen Complete, Min 3 Views	74020			<input type="checkbox"/> TM Joints, Bilat, Open & Closed Mouth	70330			
<input type="checkbox"/> MRI Thoracic Sp, W/O Contrast	72146			<input type="checkbox"/> Abd Upright And Ch	74022			<input type="checkbox"/> Toes 2+ Views	73660			
<input type="checkbox"/> MRI Thoracic Sp, W/WO Contrast	72157			<input type="checkbox"/> Acromioclav, Joints, Bilat	73050			<input type="checkbox"/> Wrist, 2 Views	73100			
<input type="checkbox"/> MRI Upper Ext, Not Joint, W/ Contrast	73219			<input type="checkbox"/> Ankle, 2 Views	73600			<input type="checkbox"/> Wrist, 3+ Views	73110			
<input type="checkbox"/> MRI Upper Ext, Not Joint, W/WO Contrast	73220			<input type="checkbox"/> Ankle, 3 Views	73610							
<input type="checkbox"/> MRI Upper Ext, Not Joint, W/O Contrast	73218			<input type="checkbox"/> Bilateral Knees: Standing Ap	73565							
<input type="checkbox"/> MRI Upper Ext, W/ Contrast	73222			<input type="checkbox"/> Bone Survey, Complete	77075							
<input type="checkbox"/> MRI Upper Ext, W/WO Contrast	73223			<input type="checkbox"/> Bone Survey, Limited	77074							
<b>CT Scan</b>		<b>L</b>	<b>R</b>	<input type="checkbox"/> Calcaneous	73650							
<input type="checkbox"/> CT Abdomen, W/ Contrast	74160			<input type="checkbox"/> Cerv Sp Min, 4 Views	72050							
<input type="checkbox"/> CT Abdomen, W/O Contrast	74150			<input type="checkbox"/> Cerv Spine Comp, W/obl + Flex	72052							
<input type="checkbox"/> CT Abdomen, W/WO Contrast	74170			<input type="checkbox"/> Chest, Single View, Frontal	71010							

**Pennsylvania Hospital Outpatient Radiology**

Tuttleman Center  
1840 South Street  
Philadelphia, PA 19146  
Phone: 215.829.6670  
Fax: 215.893.7011



*When scheduling an appointment, please have ready referral forms, physician's orders and insurance information.*