

UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY/UVA IMAGING MRI IMAGING REQUEST FORM

PLACE LABEL HERE

Ordering Date _____

SS# _____

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Please **Fax** to (434) 243-0307-UVA Imaging @ Fontaine or 243-6999-Hosp East
Schedule at (434) 243-0321-UVA Imaging @ Fontaine or 243-6888-Hosp East

*****If Pt has Pacemaker or Cochlear
Implant, MRI is contraindicated.**

Patient Name: _____

Pre/Post-op Y N Date of Surgery _____ MR# _____

DOB ____/____/____ Weight: _____ Phone # _____ Date of Test _____

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
Referring Clinic/Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number	

STUDY DESIRED (Circle Side if appropriate)

X Study	X Study
<i>Common MRI Procedures</i>	
MRI Brain (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Cardiac (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Facial Bones/Orbits (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Chest (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Temporal Bones (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Abdomen (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Sinus (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Pelvis (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Soft Tissue Neck (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Upper Extremity LT RT (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Cervical Spine (*orbit x-ray/3D recon/MRA as medically necessary)	MRI Lower Extremity LT RT (*orbit x-ray/3D recon/MRA as medically necessary)
MRI Thoracic Spine (*orbit x-ray/3D recon/MRA as medically necessary)	MR Angio Chest # (*orbit x-ray/3D recon/MRI as medically necessary)
MRI Lumbar Spine (*orbit x-ray/3D recon/MRA as medically necessary)	MR Angio Abdomen # (*orbit x-ray/3D recon/MRI as medically necessary)
MRI Cisternogram (*orbit x-ray/3D recon/MRA as medically necessary)	MR Angio Pelvis # (*orbit x-ray/3D recon/MRI as medically necessary)
MR Angio Head # (*orbit x-ray/3D recon/MRI as medically necessary)	MRA Upper Extrem LT RT #(*orbit x-ray/3D recon/MRI as medically necessary)
MR Angio Neck # (*orbit x-ray/3D recon/MRI as medically necessary)	# MRA exams require a corresponding MRI as part of protocol

Any Exam Not Listed (Specify):
Unless Specified, IV contrast will be decided upon by the Radiologist

Clinical Indications for Exam (Mandatory):

ICD-9 Dx Code(Mandatory):

Protocol (Internal Use ONLY):

Physician Signature _____

Special considerations: Non-English speaking Sz disorder Pregnancy
 Other: _____

Is Pt Claustrophobic? Yes No Hx of Metal in Eyes? Yes No
 Is Sedation required? Yes No (Pediatric/Claustrophobic patients may require sedation)
 Please check here if you do not wish the Radiologist to determine medical necessity.



MRI IMAGING REQUEST

Top Radiology ICD-9 Codes

Infectious/Parasitic Diseases

070.51 ACUTE HEP C W/O COMA
070.54 CHRONIC HEP C W/O COMA

Neoplasms

162.9 BRONCHUS/LUNG CA-UNSPEC
171.9 SOFT TISSUE CA-UNSPEC
172.5 TRUNK MALIGNANT MELANOMA
172.9 SKIN MAL MELANOMA-UNSPEC
174.9 FEMALE BREAST CA-UNSPEC
183.0 OVARY CA
185 PROSTATE CA
193 THYROID CA
197.0 SECONDARY LUNG CA
198.3 SECONDARY BRAIN/SPINE CA
198.5 SECONDARY BONE CA
201.90 HODGKINS NOS-XNODAL/NOS
202.80 XNODAL/NOS LYMPHOMA NOS
218.9 UTERINE LEIOMYOMA-UNSPEC
225.1 BENIGN CRAN NERVE NEOPL
225.2 BEN CEREB MENINGES NEOPL
227.3 BENIGN PITUITARY NEOPL
239.0 DIGESTIVE NEOPLASM-UNSPEC
239.1 LUNG NEOPLASM-UNSPEC
239.6 BRAIN NEOPLASM-UNSPEC
239.7 PARATHYROID NEOPLASM
241.0 NONTOXIC UNINOD GOITER
242.00 TOX DIF GOITER W/O CRIS
242.90 THYROTOX NOS W/O CRISIS

Nervous System

331.9 CEREB DEGENERATION UNSPEC
336.9 SPINAL CORD DISEASE
348.8 BRAIN CONDITIONS OTHER

Circulatory System

401.9 HYPERTENSION UNSPEC
433.10 CAROTID OCCL W/O INFARCT
434.90 CEREB ART OCCL W/O INFARCT
434.91 CEREB ART OCCL W INFARCT
435.9 TRANS CEREB ISCHEMIA
436 ACUTE ILL-DEFINED CVD
437.1 AC CEREBROVASC INSUF NOS
440.21 AS EXT W INTERMITT CLAUD
441.4 ABD AORTIC ANEURYSM
451.9 THROMBOPHLEBITIS UNSPEC
SITE

Respiratory System

473.9 CHRONIC SINUSITIS NOS
486 PNEUMONIA, ORGANISM NOS
493.90 ASTHMA UNSPEC
496 CHRONIC AIRWAY OBSTR NEC
518.89 OTHER LUNG DISEASE NEC

Digestive System

536.8 STOMACH FUNCT DISORD
560.9 OBSTRUCTION UNSPEC
564.00 CONSTIPATION UNSPEC
571.40 CHRONIC HEPATITIS UNSPEC
571.5 LIVER CIRRHOSIS W/O ALC
573.8 LIVER DISORDERS OTHER
574.20 GB CALCULUS W/O CHOL
577.2 PANCREAS CYST/PSEUDOCYST

Genitourinary System

591 HYDRONEPHROSIS
592.0 KIDNEY CALCULUS
592.1 URETERAL CALCULUS
593.2 ACQUIRED KIDNEY CYST
593.70 VUR UNSPEC
592.9 RENAL/URETER DISORD UNSPEC
599.0 URINARY TRACT INF NOT SPEC
599.7 HEMATURIA
620.2 OVARIAN CYST NOS
623.8 NONINFL DISORDER VAG
626.2 EXCESSIVE MENSTRUATION
626.8 MENSTRUAL DISORDER NOS

Musculoskeletal System

714.0 RHEUMATOID ARTHRITIS
715.91 OSTEOARTHOSIS UNSP-SHOULD
715.94 OSTEOARTHOSIS UNSP-HAND
715.95 OSTEOARTHOSIS UNSP-PELVIS
715.96 OSTEOARTHOSIS UNSP-LOW LE
715.97 OSTEOARTHOSIS UNSP-ANKLE
719.41 JOINT PAIN-SHOULDER
719.45 JOINT PAIN-PELVIS
719.46 JOINT PAIN-LOWER LEG
719.47 JOINT PAIN-ANKLE/FOOT
719.49 JOINT PAIN-MULT SITE
722.10 LUMBAR DISC DISPLACEMENT
722.4 CERVICAL DISC DEGEN
722.51 THORACIC DISC DEGEN
722.52 LUMBAR/LS DISC DEGEN
723.0 CERVICAL SPINAL STENOSIS
723.1 CERVICAL SPINE PAIN

724.02 SPINAL STENOSIS-LUMBAR
724.2 LUMBAGO
724.5 BACKACHE UNSPEC
729.5 PAIN IN LIMB
729.81 SWELLING OF LIMB
733.00 OSTEOPOROSIS UNSPEC

Congenital Anomalies

737.30 IDIOPATHIC SCOLIOSIS
747.81 CEREBROVASCULAR ANOMALY

Signs/Symptoms/ILL-Defined Conditions

780.2 SYNCOPE AND COLLAPSE
780.39 OTHER CONVULSIONS
780.4 DIZZINESS AND GIDDINESS
782.0 SKIN SENSATION DISTURB
782.3 EDEMA
784.0 HEADACHE
784.2 SWELLING IN HEAD & NECK
785.6 ENLARGEMENT LYMPH NODES
786.09 RESPIRATORY ABNORM NEC
786.2 COUGH
786.50 CHEST PAIN UNSPEC
786.59 CHEST PAIN NEC
(DISCOMFORT, TIGHTNESS)
786.6 CHEST SWELLING/MASS/LUMP
787.01 NAUSEA W VOMITING
787.2 DYSPHAGIA
789.00 ABDOMINAL PAIN-SITE UNSPEC
789.01 RUQ ABDOMINAL PAIN
789.03 RLQ ABDOMINAL PAIN
789.04 LLQ ABDOMINAL PAIN
789.09 ABDOMINAL PAIN-OTHER SPEC
SITE
789.30 ABD/PELV SWELL-SITE UNSPEC
789.5 ASCITES
793.7 ABNORMAL FINDING-MSK SYSTEM
794.5 ABN THYROID FUNCT STUDY
794.9 ABN FUNCTION STUDY OTHER
795.5 TUBERCULIN TEST REACTION

Injury

813.42 FX DISTAL RADIUS NEC-CL
845.00 SPRAIN OF ANKLE UNSPEC
847.0 SPRAIN OF NECK
864.00 INJURY-LIVER UNSPEC
865.00 INJURY-SPLEEN UNSPEC
869.0 INTERNAL INJ-ABD NOS
920 CONTUSION HEAD X EYE
959.01 HEAD INJURY UNSPEC
959.19 INJURY-BACK/PELVIS
959.7 LOWER LEG INJURY