

# UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY/UVA IMAGING CT 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

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_

Pre/Post-op  Y  N Date of Surgery \_\_\_\_\_ Date of Test \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
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Referring Clinic/Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number
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**STUDY DESIRED (Circle Side if appropriate)**

X	Study		X	Study
	<b>CT Procedures</b>			Cardiac CT (EP Lab/Pre-Ablation)
	CT Brain (3 D recon as medically necessary)			Cardiac or Coronary CT/CTA (All other Areas)
	CT Facial Bones/Orbits (3 D recon as medically necessary)			CT IVP (3 D recon as medically necessary)
	CT Temporal Bone (3 D recon as medically necessary)			CT Angio Head (3 D recon as medically necessary)
	CT Sinus (3 D recon as medically necessary)			CT Angio Neck (3 D recon as medically necessary)
	CT Soft Tissue Neck (3 D recon as medically necessary)			CT Angio Chest (3 D recon as medically necessary)
	CT Cervical Spine (3 D recon as medically necessary)			CT Angio Abdomen (3 D recon as medically necessary)
	CT Thoracic Spine (3 D recon as medically necessary)			CT Angio Pelvis (3 D recon as medically necessary)
	CT Lumbar Spine (3 D recon as medically necessary)			CT Angio Upper Extrem LT RT (3 D recon as medically necessary)
	CT Chest (3 D recon as medically necessary)			CT Angio Lower Extrem LT RT (3 D recon as medically necessary)
	CT Abdomen (3 D recon as medically necessary)			CT Angio Aorta Illeofem Runoff (3 D recon as medically necessary)
	CT Pelvis (3 D recon as medically necessary)			CT Upper Extrem LT RT (3 D recon as medically necessary)
	CT Virtual Colonoscopy (3 D recon as medically necessary)			CT Lower Extrem LT RT (3 D recon as medically necessary)

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** \_\_\_\_\_

Does Patient have an iodine allergy? \_\_\_\_\_ **CREATININE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If patient is taking Glucophage or generic metformin please check next box;  
 Patient will need a Creatinine level drawn 48 hours post contrast

Special considerations:  Non-English speaking  Sz disorder  Pregnancy

Other: \_\_\_\_\_

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.



Updated 5-07

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## 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 CEREBART OCCL W/O INFARCT  
434.91 CEREBART 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 ALCO  
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-SHOULDER  
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 Condi- tions

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