

# SPECIALTY EXAMS

This form is part of the patient's medical records and must be completed for referral

Date of Referral \_\_\_\_\_ Referring Provider Name \_\_\_\_\_

Patient Name (First, MI, Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Translator Needed (language) \_\_\_\_\_

Written Diagnosis / Reason / Symptom for Exam(s) **REQUIRED**

STAT    ASAP  
 Routine  
 Expected Date \_\_\_\_\_

Radiologist can change order per protocol, unless box is checked

CPT CODE: \_\_\_\_\_ ICD-10 CODE: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Creatinine / GFR: \_\_\_\_\_ / \_\_\_\_\_ Date Drawn: \_\_\_\_\_

**LABS REQUIRED FOR IV CONTRAST STUDIES**  
 I authorize on-site creatinine if needed.    I authorize on site albumin as needed.

## NUCLEAR MEDICINE

- |   |   |
|---|---|
| <input type="checkbox"/> Biliary (HIDA)                                   | Bone Scan: <input type="checkbox"/> 3-Phase <input type="checkbox"/> Limited <input type="checkbox"/> SPECT |
| <input type="checkbox"/> Renal Scan                                       | Area of concern: _____  |
| <input type="checkbox"/> Cardiac Blood Pool (MUGA)                        | <input type="checkbox"/> Whole Body   |
| <input type="checkbox"/> Myocardial Stress Test/Rest                      | Thyroid:  |
| <input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacologic | <input type="checkbox"/> Uptake & Scan  |
| <input type="checkbox"/> Gastric Emptying Study (GES)                     | <input type="checkbox"/> Other (specify) _____  |
| <input type="checkbox"/> DAT Scan   |   |

## CT SCAN

- |                                     |                                     |  |  |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Head       | <input type="checkbox"/> Chest      | <input type="checkbox"/> Chest                 | <input type="checkbox"/> CTA Head              |
| <input type="checkbox"/> Neck       | <input type="checkbox"/> Ltd. Sinus | <input type="checkbox"/> Abdomen               | <input type="checkbox"/> CTA Neck              |
| <input type="checkbox"/> C-Spine    |                                     | <input type="checkbox"/> Pelvis                | <input type="checkbox"/> CTA Chest             |
| <input type="checkbox"/> T-Spine    |                                     | <input type="checkbox"/> Abdomen & Pelvis      | <input type="checkbox"/> CTA Abdomen           |
| <input type="checkbox"/> L-Spine    |                                     | <input type="checkbox"/> CT KUB                | <input type="checkbox"/> CTA Abdomen & Pelvis  |
| <input type="checkbox"/> Scoliosis  |                                     | <input type="checkbox"/> CT Enterography       | <input type="checkbox"/> CTA Pelvis            |
| <input type="checkbox"/> CT Urogram |                                     | <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Other (Specify) _____ |

## MRI SCAN

- No Contrast    Contrast at radiologist discretion
- Patient has a Pacemaker / or Implanted Device
- Patient may have metal in eye
- |   |  |
|---|--|
| <input type="checkbox"/> Brain                                    | <input type="checkbox"/> Abdomen             |
| <input type="checkbox"/> Orbits w/Brain                           | <input type="checkbox"/> Pelvis              |
| <input type="checkbox"/> Face / Neck                              | <input type="checkbox"/> Enterography        |
| <input type="checkbox"/> C-Spine                                  | <input type="checkbox"/> MRCP                |
| <input type="checkbox"/> L-Spine <input type="checkbox"/> T-Spine | <input type="checkbox"/> MRA (Specify) _____ |
| <input type="checkbox"/> Other (Specify) _____                    |  |

## Extremity

- W / Joint Arthrogram
- |    |    |  |
|----|----|--|
| It | rt | <input type="checkbox"/> Hand                  |
| It | rt | <input type="checkbox"/> Wrist                 |
| It | rt | <input type="checkbox"/> Elbow                 |
| It | rt | <input type="checkbox"/> Shoulder              |
| It | rt | <input type="checkbox"/> Hip                   |
| It | rt | <input type="checkbox"/> Knee                  |
| It | rt | <input type="checkbox"/> Ankle                 |
| It | rt | <input type="checkbox"/> Foot                  |
| It | rt | <input type="checkbox"/> Other (Specify) _____ |

## MRI SCAN

- Creatinine / GFR: \_\_\_\_\_ / \_\_\_\_\_ Date Drawn: \_\_\_\_\_
- Contrast at Radiologist Discretion  On-site Creatinine if needed
- Patient has a Pacemaker / or Implanted Device
- Breast MRI Bilat with Contrast (Limited Chest MRI if indicated)

## INJECTIONS & PROCEDURES

- Diagnostic & Therapeutic Injection (Specify) \_\_\_\_\_
- Interventional Procedure (Specify) \_\_\_\_\_

Referring Provider Signature (required for exam): \_\_\_\_\_ Date: \_\_\_\_\_

- Reports:**
- Call STAT: \_\_\_\_\_
- Fax STAT: \_\_\_\_\_
- Fax Routine: \_\_\_\_\_
- Insurance(s):** \_\_\_\_\_
- Pre-Authorization #: \_\_\_\_\_
- Injury Date: \_\_\_\_\_
- Claim #: \_\_\_\_\_

**New CMS Order Requirements effective January 2023**

CMS mandates use of Clinical Decision Support for all CT, MRI, Nuclear Medicine, and PET/CT Exams.

**Required elements**

Decision Support Number: \_\_\_\_\_

NPI: \_\_\_\_\_

Selected Service: \_\_\_\_\_

Selected indication(s): \_\_\_\_\_

Appropriateness Score: \_\_\_\_\_

Consultation Results: \_\_\_\_\_

HCPGS G-Code: \_\_\_\_\_

MCPCS Modifier: \_\_\_\_\_



Medical Imaging

Scheduling:  
Phone: 253-792-6220 • Toll Free: 866-268-7223  
Fax: 253-792-6230

# Imaging Decision Support Information

## HCPCS MODIFIERS

HCPCS modifiers have been established for placement on the same line as the CPT code for the advanced diagnostic imaging service:

**MA** - Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition

**ME** - The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

**MF** - The order for this service does not adhere to the appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional

**OMB** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access.

**MC** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues.

**MD** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances.

**MG** - The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional.

**MH** - Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider

**QQ** - Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data

## G-CODES

Claims that report HCPCS modifier ME, MF, or MG should additionally contain a G-Code (on a separate claim line) to report which qualified CDSM was consulted. Multiple G-Codes on a single claim is acceptable:

**G1000** - CDSM Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program

**G1001** - CDSM eviCore, as defined by the Medicare Appropriate Use Criteria Program

**G1002** - CDSM MedCurrent, as defined by the Medicare Appropriate Use Criteria Program

**G1003** - CDSM Medicalis, as defined by the Medicare Appropriate Use Criteria Program

**G1004** - CDSM National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program

**G1005** - CDSM National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program

**G1006** - CDSM Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program

**G1007** - CDSM AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program

**G1008** - CDSM Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program

**G1009** - CDSM Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program

**G1010** - CDSM Stanson, as defined by the Medicare Appropriate Use Criteria Program

**G1011** - CDSM, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program