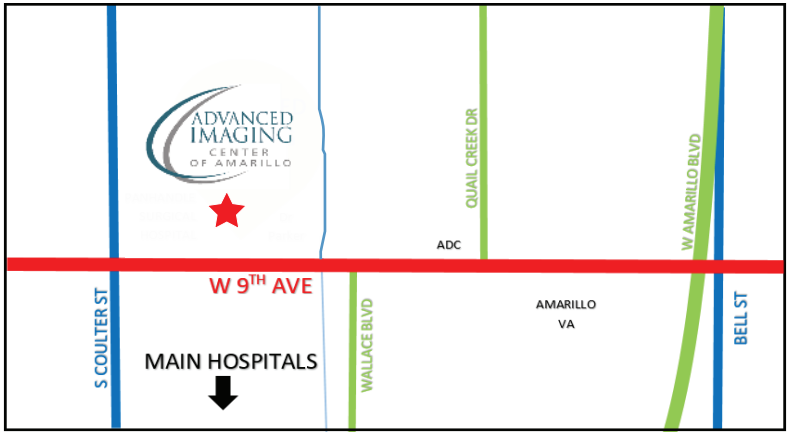
CT SCANS	ICD10	CPT
❒ Head WO Contrast		70450
❒ IACS WO Contrast		70480
❒ Sinus/Facial Bones WO Contrast		70486
❒ CTA Head W WO Contrast		70496
❒ CTA Neck W Contrast		70498
❒ Chest WO Contrast ❒ W High Resolution		71250
❒ Chest W Contrast		71260
❒ CTA Chest W Contrast		71275
❒ CTA Pulmonary Angiogram (PE) W Contrast		71275
❒ Cervical Spine WO Contrast		73201
❒ Thoracic Spine WO Contrast		72128
❒ Lumbar Spine WO Contrast		72131
❒ Enterography		74177
❒ CTA Chest Abdomen Pelvis W Contrast		71275 74174
❒ W Long Leg Runoff		75635
❒ CTA Abdomen Pelvis W Contrast		74174
❒ W Long Leg Runoff		75635
❒ Hip WO Contrast ❒ Left ❒ Right		73700
❒ Femur WO Contrast ❒ Left ❒ Right		73700
❒ Knee WO Contrast ❒ Left ❒ Right		73700
❒ Tibia Fibula WO Contrast ❒ Left ❒ Right		73700
❒ Ankle WO Contrast ❒ Left ❒ Right		73700
❒ Foot WO Contrast ❒ Left ❒ Right		73700
❒ Shoulder WO Contrast ❒ Left ❒ Right		73200
❒ Humerus WO Contrast ❒ Left ❒ Right		73200
❒ Elbow WO Contrast ❒ Left ❒ Right		73200
❒ Forearm WO Contrast ❒ Left ❒ Right		73200
❒ Wrist WO Contrast ❒ Left ❒ Right		73200
❒ Hand WO Contrast ❒ Left ❒ Right		73200
PROTOCOL:_____		
❒ Other _____		

Abdomen and/or Pelvis CT Area of Interest_____ ❒ Oral Contrast	ICD10	CPT
❒ Abdomen WO IV Contrast		74150
❒ Abdomen W IV Contrast		74160
❒ Abdomen W WO IV Contrast		74170
❒ Abdomen and Pelvis WO IV Contrast		74176
❒ Abdomen and Pelvis W IV Contrast		74177
❒ Abdomen and Pelvis W WO IV Contrast		74178
❒ Pelvis WO IV Contrast		72192
❒ Pelvis W IV Contrast		72193
❒ Pelvis W WO IV Contrast		72194

ADVANCED IMAGING CENTER OF AMARILLO

A DEPARTMENT OF PHYSICIANS SURGICAL HOSPITALS, L.L.C.

SEND PATIENT TO:
7010 W. 9TH AVE.
AMARILLO, TX 79106
PH 806-351-8480
FAX 806-500-2938 OR 806-351-8489
AIC.Scheduling@bsahs.org



Patient Name:_____
DOB:_____ Pregnant: Yes / No
Appointment Date and Time:_____
OR AIC to call patient to schedule: Yes / No
AIC to get Auth: Yes / No
If Yes, please attach clinicals and demographics.
If No, Pre-Authorization Number:_____
MRI Screening Questions:
Does the patient have (circle one): Stents / Pacemaker
Neurostimulator / Other Implants / No Implants
Is the patient Claustrophobic? Yes / No
Weight:_____

ARTHROGRAMS	ICD10	CPT
❒ MR Shoulder Arthrogram ❒ Left ❒ Right		77012, 23350, 73222
❒ MR Hip Arthrogram ❒ Left ❒ Right		77012, 27093, 73722
❒ MR Knee Arthrogram ❒ Left ❒ Right		77012, 27369, 73722
❒ CT Shoulder Arthrogram ❒ Left ❒ Right		77012, 23350, 73201
❒ CT Hip Arthrogram ❒ Left ❒ Right		77012, 27093, 73701
❒ CT Knee Arthrogram ❒ Left ❒ Right		77012, 27369, 73701

MRI	ICD10	CPT
❒ MR Angiogram Head/Brain WO Contrast		70544
❒ MR Venogram Head/Brain WO Contrast		70544
❒ Brain WO Contrast		70551
❒ Brain W WO Contrast		70553
❒ Brain and Orbits W WO Contrast		70543 70553
❒ Brain and Pituitary W WO Contrast		70553
❒ Brain and IAC W WO Contrast		70553
❒ IAC W WO Contrast		70553
❒ MR Angiogram Neck WO Contrast		70547
❒ Neck Soft Tissue Only W WO Contrast		70543
❒ Chest WO Contrast		71550
❒ Chest W WO Contrast		71552
❒ Cervical Spine WO Contrast		72141
❒ Cervical Spine W WO Contrast		72156
❒ Thoracic Spine WO Contrast		72146
❒ Thoracic Spine W WO Contrast		72157
❒ Lumbar Spine WO Contrast		72148
❒ Lumbar Spine W WO Contrast		72158
❒ Abdomen WO Contrast Area of Interest_____		74181
❒ MRCP WO Contrast		74181
❒ Abdomen W WO Contrast Area of Interest_____		74183
❒ Liver W WO Contrast		74183
❒ Pelvis WO Contrast		72195
❒ Pelvis W WO Contrast		72197
❒ Sacrum and SI Joint WO Contrast		72195
❒ Hip WO Contrast ❒ Left ❒ Right		73721
❒ Femur WO Contrast ❒ Left ❒ Right		73718
❒ Knee WO Contrast ❒ Left ❒ Right		73721
❒ Knee W WO Contrast ❒ Left ❒ Right		73723
❒ Tibia Fibula WO Contrast ❒ Left ❒ Right		73718
❒ Ankle WO Contrast ❒ Left ❒ Right		73721
❒ Hindfoot WO Contrast ❒ Left ❒ Right		73718
❒ Forefoot WO Contrast ❒ Left ❒ Right		73718
❒ Brachial Plexus WO Contrast ❒ Left ❒ Right		73218
❒ Shoulder WO Contrast ❒ Left ❒ Right		73221
❒ Humerus WO Contrast ❒ Left ❒ Right		73218
❒ Elbow WO Contrast ❒ Left ❒ Right		73221
❒ Radius Ulna WO Contrast ❒ Left ❒ Right		73218
❒ Wrist WO Contrast ❒ Left ❒ Right		73221
❒ Hand WO Contrast ❒ Left ❒ Right		73218
❒ Other _____		

AUTHORIZE FOR:
PHYSICIANS SURGICAL HOSPITALS, L.L.C
6819 PLUM CREEK DR.
AMARILLO, TX 79124
TID 73-1620274 NPI 1912948845

STAT READ: Yes/No Decision Support – Vender:_____ Session ID:_____ Score:_____

Physician Name:_____ Physician Signature:_____ Date:_____

SEND PATIENT TO:
7010 W. 9TH AVE.
AMARILLO, TX 79106
PH 806-351-8480
FAX 806-500-2938 OR
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AIC.Scheduling@bsahs.org

ADVANCED IMAGING CENTER OF AMARILLO

A DEPARTMENT OF
PHYSICIANS SURGICAL
HOSPITALS, L.L.C.

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6819 PLUM CREEK DR.
AMARILLO, TX 79124
TID 73-1620274
NPI 1912948845

Ultrasound	ICD10	CPT
OB		
❒ < 14 Weeks Single Gestation		76801
❒ Each Additional Gestation		+76802
❒ 14+ Weeks Single Gestation		76805
❒ Each Additional Gestation		+76810
❒ Detail Fetal Anatomy Single Gestation		76811
❒ Each Additional Gestation		+76812
❒ Limited		76815
❒ Follow-Up Transabdominal Approach		76816
❒ Transvaginal		76817
❒ Fetal Biophysical Profile with Non Stress Testing		76818
❒ Without Non Stress Testing		76819
❒ Other_____		
NON-OB		
❒ Thyroid		76536
❒ Breast Complete ❒ Left ❒ Right		76641
❒ Breast Soft Tissue Limited ❒ Left ❒ Right		76642
❒ Abdomen Complete		76700
❒ Abdomen Limited – Specify Organ_____		76705
❒ Soft Tissue Abdomen – Specify Site_____		76705
❒ Renal Complete		76770
❒ Renal Limited		76775
❒ Non-OB Transvaginal		76830
❒ Pelvis Transabdominal Complete		76856
❒ Urinary Bladder Limited		76857
❒ Pelvic Bladder Only		76857
❒ Pelvis Limited		76857
❒ Soft Tissue Penis		76857
❒ Groin		76857
❒ Scrotum and Testicles Without Duplex		76870
❒ With Duplex		+93976
❒ Upper Extremity Non Vascular Complete ❒ Left ❒ Right		76881
❒ Upper Extremity Non Vascular Limited ❒ Left ❒ Right		76882
❒ Soft Tissue Upper Extremity ❒ Left ❒ Right		76882
❒ Lower Extremity Non Vascular Complete ❒ Left ❒ Right		76881
❒ Lower Extremity Non Vascular Limited ❒ Left ❒ Right		76882
❒ Soft Tissue Lower Extremity ❒ Left ❒ Right		76882
❒ Other_____		

Patient Name:_____
DOB:_____ Pregnant: Yes / No
Appointment Date and Time:_____
OR AIC to call patient to schedule: Yes / No
AIC to get Auth: Yes / No
If Yes, please attach clinicals and demographics.
If No, Pre-Authorization Number:_____

Vascular Doppler	ICD10	CPT
❒ Carotid Bilateral		93880
❒ Left ❒ Right		93882
❒ Abdominal Aorta Complete		93978
❒ IVC		93978
❒ Renal Complete ❒ Artery ❒ Vein		93976
❒ Renal Limited ❒ Artery ❒ Vein		93975
❒ Renal Artery Duplex Limited		93978
❒ Arterial Legs Bilateral		93925
❒ Left ❒ Right		93926
❒ Venous Legs Bilateral ❒ With Reflux		93970
❒ Left ❒ Right ❒ With Reflux		93971
❒ Arterial Arms Bilateral		93930
❒ Left ❒ Right		93931
❒ Venous Arms Bilateral		93970
❒ Left ❒ Right		93971
❒ Other_____		

STAT READ: Yes/No Date:_____
Decision Support – Vender:_____
Session ID:_____Score:_____
Physician Name:_____
Physician Signature:_____

XRAYS	ICD10	CPT
❒ Facial Bones 3+ VW Bilat		70150
❒ Sinuses <3 VW		70210
❒ Sinuses 3+ VW		70220
❒ Skull <4 VW		70250
❒ Chest 1 VW		71045
❒ Chest 2 VW		71046
❒ Ribs 2 VW ❒ Left ❒ Right		71100
❒ Cervical Spine ❒ 2 VW ❒ 3 VW		72040
❒ 4 VW ❒ Complete 5 VW		72050
❒ Complete 6+ VW		72052
❒ Thoracic Spine 2 VW		72070
❒ Lumbar Spine ❒ 2 VW ❒ 3 VW		72100
❒ AP Lateral with Flexion Extension		72110
❒ Complete with Bending		72114
❒ Pelvis ❒ 1 VW ❒ 2 VW		72170
❒ Sacrum and Coccyx		72200
❒ Sacroiliac Joints 3+ VW		72202
❒ Abdomen 1 VW		74018
❒ Abdomen 2 VW AP with Upright		74019
❒ Hip 2+ VW ❒ Left ❒ Right		73502
❒ Femur 2 VW ❒ Left ❒ Right		73552
❒ Knee 2 VW ❒ Left ❒ Right		73560
❒ Knee/Patella 3 VW ❒ Left ❒ Right		73562
❒ Knee 4+ VW ❒ Left ❒ Right		73564
❒ Tibia Fibula 2 VW ❒ Left ❒ Right		73590
❒ Ankle 3+ VW ❒ Left ❒ Right		73610
❒ Calcaneus 2+ VW ❒ Left ❒ Right		73650
❒ Foot 3+ VW ❒ Left ❒ Right		73630
❒ Toe 2+ VW Digit_____ ❒ Left ❒ Right		73660
❒ Scapula ❒ Left ❒ Right		73010
❒ Shoulder 1 VW ❒ Left ❒ Right		73020
❒ Shoulder 2+ VW ❒ Left ❒ Right		73030
❒ Shoulder Complete 2+ VW (Includes Y View) ❒ Left ❒ Right		73030
❒ Acromioclavicular Joints Bilateral W WO Weights		73050
❒ Humerus ❒ Left ❒ Right		73060
❒ Elbow 2 VW ❒ Left ❒ Right		73070
❒ Elbow 3+ VW ❒ Left ❒ Right		73080
❒ Forearm ❒ 2 VW ❒ 3 VW ❒ Left ❒ Right		73090
❒ Wrist 3+ VW ❒ Left ❒ Right		73110
❒ Hand 3+ VW ❒ Left ❒ Right		73130
❒ Finger 2+ VW Digit_____ ❒ Left ❒ Right		73140
❒ Thumb 2+ VW ❒ Left ❒ Right		73140
❒ Bone Age		77072
❒ Other _____		