



Referring Physician: _____

Patient Name: _____ Date of Birth: ____/____/____

Phone: _____ Claim / ID#: _____ DOI/DOA: ____/____/____

Insurance Company: _____ Insurance Phone: _____

Attorney (if applicable): _____ Attorney Phone: _____

Diagnosis: _____

Magnetic Resonance Imaging (MRI) • Magnetic Resonance Angiogram (MRA)

- SPINE: 72141 CERVICAL (w/o), 72156 CERVICAL (w-w/o), 72148 LUMBAR (w/o), 72158 LUMBAR (w-w/o), 72146 THORACIC (w/o), 72157 THORACIC (w-w/o), OPEN MRI (Claustrophobia)
BRAIN / HEAD: 70551 BRAIN (w/o), 70553 BRAIN (w-w/o), 70551 IAC (w/o), 70553 IAC (w-w/o), 70543 ORBITS (w/o), 70336 TMJ, 70540 HEAD/NECK, 70544 MRA HEAD (w/o)
EXTREMITIES: 73218 UP EXT NON JNT (w/o), 73221 UP EXT JNT (w/o), 73223 UP EXT JNT (w-w/o), 73718 LOW EXT NON JNT (w/o), 73721 LOW EXT JNT (w/o), 73723 LOW EXT JNT (w-w/o), 73725 MRA LOW EXT (w-w/o), 27369 KNEE ARTHROGRAM
BODY: 72195 PELVIS (w/o), 74181 ABDO (w/o), 74183 ABDO (w-w/o), 70547 MRA CAROTID (w/o), 70549 CAROTID (w-w/o), 74185 MRA ADB/ RENALS, 74185 ADB/RENALS (w-w/o), 77046 BREAST UNI (w/o), 77047 BREAST BILAT (w/o), 77048 BREAST UNI (w-w/o), 77049 BREAST BILAT (w-w/o)

OTHER TYPE: _____

CT SCAN ULTRASOUND X-RAY MAMMOGRAPHY**

- CT SCAN: 70450 HEAD (w/o), 70470 HEAD (w-w/o), 70480 ORB/SEL//IAC, 70486 SINUSES (w/o), 70490 NECK (w/o), 71250 CHEST (w/o), 71270 CHEST (w-w/o), 72131 LUMBAR (w/o), 72125 CERVICAL (w/o), 72128 THORACIC (w/o), 74150 ABDOMEN (w/o), 72192 PELVIS (w/o), 74176 ABD/PEL (w/o), 74177 ABD/PEL (w), 74178 ABD/PEL (w-w/o), 73700 LOW EXT (w/o), 73200 UPPER EXT (w/o)
ULTRASOUND: 76536 HEAD/NECK/THYROID, 76641 BREAST UNI COMPLETE, 76642 BREAST UNI LIMITED, 76700 ABD COMPLETE, 76705 ABD LIMITED/RUQ, 76706 AAA SCREENING, 76775 RENAL / AORTA, 76801 OB 1st TRIMESTER, 76815 OB LIMITED, 76816 OB LIMITED FOLLOW UP, 76830 TRANSVAGINAL, 76856 PELVIC, 76870 SCROTUM, 93880 CAROTID BILAT, 93925 LWR EXT ART BILAT, 93926 LWR EXT ART UNI, 93970 US VEN EXT BILAT, 93971 US VEN EXT UNI
X-RAY: 71046 CHEST 2V, 70360 NECK SOFT TISSUE, 71111 RIB BILAT 4V w/PA, 71100 RIB UNI, 71110 RIB BILAT, 72040 CERV 2/3V w/PA, 72050 CERV 4/5V, 72052 CERV 6+V, 72070 THOR 2V, 72100 LUMB 2/3V, 72110 LUMB 4V MINI, 73562 KNEE 3V, 73564 KNEE 4V, 73610 ANKLE 3V, 73630 FOOT 3V, 74018 KUB, 73030 SHOULDER, 73501 HIP UNI w/PELVIS 1V, 73502 HIP BILAT w/PELVIS 2/3V, 73521 HIPS BILAT w/PELVIS 2/3V
MAMMOGRAPHY**: 77067 SCREENING, 77065 DIAGNOSTIC UNI, 77066 DIAGNOSTIC BILAT, 77063 3D TOMOSYNTHESIS
DEXA-BONE DENSITY**: 77080 DEXA SCREENING
ECHOCARDIOGRAM**: 93306 ECHOCARDIOGRAM

OTHER TYPE: _____

Some services may not be offered at all locations, see back for details.









SPECIAL INSTRUCTIONS: _____

Date: _____

PHYSICIAN SIGNATURE: _____

MRI ASSOCIATES Locations & Modalities

Diagnostic Codes (ICD-10)

											
	High Field MRI	Arthrograms	Breast MRI	Open MRI	CT Scan	X-Ray	Ultrasound	Echo Cardiogram	Mammography	Dexa-Bone Density	
PALM HARBOR MRI 32615 US Hwy 19 N • Suite 4 Palm Harbor, FL 34684 Phone: 727.787.6900 Fax: 727.216.4789	✓	✓	✓	✓	✓	✓	✓	✓	3D ✓	3D ✓	
HIGHLAND MRI 2946 Lakeland Highlands Road Lakeland, FL 33803 Phone: 863.510.5944 Fax: 863.510.5939	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
WINTER HAVEN MRI 409 East Central Avenue Winter Haven, FL 33880 Phone: 863.294.0999 Fax: 863.294.0010	✓	✓	✓	✓	✓	✓	✓	✓	3D ✓	3D ✓	
SARASOTA MRI 2 North Turtle Avenue Sarasota, FL 34237 Phone: 941.951.1888 Fax: 941.951.1910	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
BRADENTON MRI 5817 21st Avenue West Bradenton, FL 34209 Phone: 941.567.4039 Fax: 941.567.4041	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
VENICE MRI 1370 East Venice Avenue, Suite 101 Venice, FL 34285 Phone: 941.484.6500 Fax: 941.484.6556	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
BRANDON MRI 403 South Kings Avenue Brandon, FL 33511 Phone: 813.210.8995 Fax: 813.409.2914	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

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PAIN/SPRAIN CODES

SPINE

M54.12	Radic Cervical Region	
M54.14	Radic Thoracic Region	
M54.16	Radic Lumbar Region	
M54.2	Cervical	
M54.6	Thoracic	
M54.5	Lumbar	
S13.4XXa	Cervical Sprain (initial)	
S23.3XXa	Thoracic Sprain (initial)	
S33.5XXa	Lumbar Sprain (initial)	
M48.02	Cervical Stenosis	
M48.04	Thoracic Stenosis	
M48.06	Lumbar Stenosis	
M54.30	Sciatica	
UPPER EXTREMITY		
M25.519	Shoulder (unspec)	
M25.511	Shoulder(R)	M25.512 Shoulder(L)
M25.529	Elbow (unspec)	
M25.521	Elbow(R)	M25.522 Elbow(L)
M25.539	Wrist (unspec)	
M25.531	Wrist (R)	M25.532 Wrist(L)
M79.643	Hand (unspec)	
M79.641	Hand(R)	M79.642 Hand(L)
M79.603	Arm (unspec)	
M79.601	Arm(R)	M79.602 Arm(L)
M79.609	Limb (unspec)	
LOWER EXTREMITY		
M25.559	Hip (unspec)	
M25.551	Hip(R)	M25.552 Hip(L)
M25.569	Knee (unspec)	
M25.561	Knee(R)	M25.562 Knee(L)
M79.673	Foot (Unspec)	
M79.671	Foot(R)	M79.671 Foot(L)
M25.579	Ankle (unspec)	
M25.571	Ankle(R)	M25.572 Ankle(L)
M79.606	Leg (unspec)	
M79.604	Leg(R)	M79.605 Leg(L)
OTHER		
R10.9	Abdominal	
R10.10	Abd (Upper)	R10.30 (Lower)
R10.2	Pelvic	
R07.9	Chest	

OTHER CODES

R94.5	Abn Result Liver(LFT)
J20.0	Bronchitis Acute
N20.0	Calculus Kidney
J44.9	COPD
R05	Cough
M23.8x9	Derangement Knee
M24.819	Derangement Shoulder
M51.26	Disc Displace Lumbar
R42	Dizziness/Giddiness
I84.409	DVT Lower Ext
R51	Headache
R31.9	Hematuria (unspec)
I10	Hypertension Primary
G47.0	Insomnia
N63.0	Lump Breast
R22.0	Lump/Swelling Head
R22.1	Lump/Swelling Neck
R22.2	Lump/Swelling Trunk
G47.419	Narcolepsy w/o Cata
M19.90	OA (Unspec site)
M17.9	OA Knee (unspec)
M19.019	OA Shoulder (unspec)
I65.29	Ocdl/Stenosis Carotid
M06.9	Rheumatoid Arthritis
R06.02	Shortness of Breath
J01.90	Sinusitis Acute
J32.9	Sinusitis Chronic
R55	Syncope / Collapse
S83.205	Tear Meniscus Cur
A Initial Encounter	
D Subsequent Encount	
M75.100	Tear/Rupt Shoulder
G45.9	Tran Cerebral Isch
M26.60	TMJ (unspec)
SCREENING CODES	
Z13.820	Osteoporosis
Z02.1	Pre-Employment
Z00.00	General Adult
Z12.31	Mammography
Z13.9	Unspecified