Luxe Medical Imaging Radiology Order Forms
To schedule an appointment 479.488.5893
To fax orders 479.488.5893

LUXE MEDICAL IMAGING

Patient Name_____ DOB_____ Weight_____

Patient Address_____ Phone_____

Insurance_____ Policy #_____Group#_____

Ins.Subscriber/DOB_____Relation to Patient_____

Pre-Auth Required Y___ N___ Pre-Auth #_____ Valid Dates_____

Reason for Exam_____ ICD 10 code(s)_____

Please fax authorization information with orders.

MRI Upper Extremity	CPT	MRI Spine/Neuro	CPT
☐ Shoulder Without Contrast L____ R___	73221	☐ Brain Without Contrast	70551
☐ Shoulder With + WO Contrast L____ R___	73223	☐ Brain With + Without Contrast	70553
☐ Elbow Without Contrast. L____ R___	73221	☐ Pituitary With + Without Contrast	70553
☐ Elbow With + WO Contrast. L____ R___	73223	☐ Orbits With + Without Contrast	70543
☐ Wrist Without Contrast L____ R___	73221	☐ IAC's With + Without Contrast	70553
☐ Wrist With + WO Contrast L____ R___	73223	☐ Cervical Without Contrast	72141
☐ Hand Without Contrast L____ R___	73221	☐ Cervical With + Without Contrast	72156
☐ Hand With + WO Contrast L____ R___	73220	☐ Thoracic Without Contrast	72146
☐ Scapula Without Contrast L____ R___	73218	☐ Thoracic With + Without Contrast	72157
☐ Scapula With + WO Contrast L____ R___	73220	☐ Lumbar Without Contrast	72148
☐ Humerus Without Contrast L____ R___	73218	☐ Lumbar With + Without Contrast	72158
☐ Humerus With + WO Contrast L____ R___	73220	**MRI Body**	**CPT**
☐ Forearm Without Contrast L____ R___	73218	☐ TMJ	70336
☐ Forearm With + WO Contrast L____ R___	73220	☐ Neck (Soft Tissue) With + WO Contrast	70543
☐ Brachial Plexis Without Contrast L____ R___	73218	☐ Chest Without Contrast	71550
☐ Brachial Plexis With+WO Contrast L____ R___	73220	☐ Chest With + Without Contrast	71552
MRI Lower Extremity		☐ Abdomen Without Contrast	74181
☐ Pelvis Without Contrast	72195	☐ Abdomen With + Without Contrast	74183
☐ Pelvis With Contrast	72196	☐ MRCP	74181
☐ Pelvis With + Without Contrast	72197	**MRA**	
☐ Hip Without Contrast L____ R___	73721	☐ MRA Abdomen	74185
☐ Hip With + W/O Contrast L____ R___	73723	☐ MRA Head Without Contrast	70544
☐ Femur With +WO Contrast L____ R___	73720	☐ MRA Neck With + WO Contrast	70549
☐ Femur Without Contrast L____ R___	73718	☐ MRA Neck Without Contrast	70547
☐ Knee With + WO Contrast L____ R___	73721	☐ Carotids & Vertebrals Without Contrast	70547
☐ Knee Without Contrast L____ R___	73721	☐ MRA Brain Without Contrast	70544
☐ Tib/Fib With + WO Contrast L____ R___	73720	☐ MRA Brain With + WO Contrast	70546
☐ Tib/Fib Without Contrast L____ R___	73718	**Preventative Scans- Not Ran through Insurance**	
☐ Ankle With+ WO Contrast L____ R___	73721	☐ Comprehensive	CWB
☐ Ankle Without Contrast L____ R___	73721	☐ Head + Torso	HTWB
☐ Foot Without Contrast L____ R___	73718	☐ Torso	WBT
☐ Foot With +WO Contrast L____ R___	73720		
☐ Other:_____		NeuroQuant can be added to brain scan, contact office if you would like to add.	

Physician Signature _____ Date_____ Time_____

NPI_____ Return Fax Number _____