

PRIOR TO SCHEDULING APPOINTMENT – FAX ORDER FORM TO: 305-243-8422 OR 305-243-4613

SCHEDULING REQUIREMENTS: ICD-9 CODE, CLINICAL HISTORY, SPECIFIC TEST ORDERED, ORIGINAL MD SIGNATURE AND UPIN #

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity.

****The patient is responsible to bring outside films/CD for comparison at the time of the imaging study. UM Department of Radiology will obtain in-house prior studies.**

Check if prior study done UMHC Applebaum OTHER _____

DIABETIC? Yes No DIABETES UNDER CONTROL WITH: _____

BLOOD THINNERS? Yes No WHAT BLOOD THINNER: _____

ALLERGIES TO CONTRAST? PLEASE CHECK ONE Yes No KNOWN ALLERGIES: _____

CLINICAL HISTORY (REQUIRED) _____

Attending Physician: _____ UPIN # (REQUIRED): _____

Attending Physician Phone: _____ Fax: _____ Beeper: _____

Attending Physicians Address: _____

Attending Physician Signature (Stamps not accepted): _____ Date: _____

***** Reconstructions are not automatically performed with an exam. If you feel that reconstructions should be done with a test, please check the appropriate box.**

CHEST	CPT#	ICD-9 CODE #	EXTREMITY	CPT#	ICD-9 CODE #	TEMPORAL BONE	CPT#	ICD-9 CODE #
<input type="checkbox"/> Chest Plain	71250		<input type="checkbox"/> Lower Ext. Enhanced	73701		<input type="checkbox"/> Temporal Bone Plain	70480	
<input type="checkbox"/> Chest Enhanced	71260		<input type="checkbox"/> Lower Ext. Combined	73702		<input type="checkbox"/> Temporal Bone Combined	70482	
<input type="checkbox"/> CT Angio Chest	71275		<input type="checkbox"/> Upper Ext. Plain	73200		NECK		
<input type="checkbox"/> Chest High Resolution	71250		<input type="checkbox"/> Upper Ext. Enhanced	73201		<input type="checkbox"/> Soft Tissue Plain	70490	
ABDOMEN			<input type="checkbox"/> Upper Ext. Combined	73202		<input type="checkbox"/> Soft Tissue Enhanced	70491	
<input type="checkbox"/> Abdomen Plain	74150		<input type="checkbox"/> CT Angio Lower Ext Run-Off	75635		<input type="checkbox"/> Soft Tissue Combined	70492	
<input type="checkbox"/> Abdomen Enhanced	74160		BIOPSY			<input type="checkbox"/> CT Angio Neck	70498	
<input type="checkbox"/> Abdomen Combined	74170		<input type="checkbox"/> Abdomen	77012		SPINE CERVICAL		
<input type="checkbox"/> CT Angio Abd	74175		<input type="checkbox"/> Chest	77012		<input type="checkbox"/> Cervical Plain	72125	
PELVIS			<input type="checkbox"/> Extremity	77012		<input type="checkbox"/> Cervical Combined	72127	
<input type="checkbox"/> Pelvis Plain	72192		<input type="checkbox"/> Head & Neck	77012		SPINE LUMBAR		
<input type="checkbox"/> Pelvis Enhanced	72193		<input type="checkbox"/> Pelvis	77012		<input type="checkbox"/> Lumbar Plain	72131	
<input type="checkbox"/> CT Angio Pelvis	72191		<input type="checkbox"/> Spine	77012		<input type="checkbox"/> Lumbar Combined	72133	
CARDIAC			BRAIN			SPINE THORACIC		
<input type="checkbox"/> CT Calcium Scoring	0144T		<input type="checkbox"/> Brain Plain	70450		<input type="checkbox"/> Thoracic Plain	72128	
<input type="checkbox"/> CT Coronary Angio and Cardiac Morphology w/Scoring	0149T		<input type="checkbox"/> Brain Combined	70470		<input type="checkbox"/> Thoracic Combined	72130	
<input type="checkbox"/> CT RV Ejection Fraction	T151T		<input type="checkbox"/> CT Angio Brain	70496		RECONSTRUCTION ***		
<input type="checkbox"/> CT LV Ejection Fraction	T151T		ORBITS			<input type="checkbox"/> Reconstruct 3-D IWS	76377	
<input type="checkbox"/> CT Cardiac Morphology/Structure	0145T		<input type="checkbox"/> Orbits Plain	70480		<input type="checkbox"/> Reconstruct Coronal		
<input type="checkbox"/> CT Coronary Angio w/out Scoring	0146T		<input type="checkbox"/> Orbits Enhanced	70481		<input type="checkbox"/> Reconstruct Sagittal		
<input type="checkbox"/> CT Coronary Angio w/ Scoring	0147T		<input type="checkbox"/> Orbits Combined	70482		SELLA TURCICA		
<input type="checkbox"/> CT Coronary Angio and Cardiac Morphology w/out Scoring	0148T		SINUS			<input type="checkbox"/> Sella Plain	70480	
EXTREMITY			<input type="checkbox"/> Paranasal Plain	70486		<input type="checkbox"/> Sella Combined	70482	
<input type="checkbox"/> Lower Ext. Plain	73700		<input type="checkbox"/> Paranasal Enhanced	70487		OTHER PROCEDURE(S):		
			<input type="checkbox"/> Paranasal Combined	70488		<input type="checkbox"/>		

All original UMSylvester medical records are the property of UMSylvester and maintained by the Health Care Provider's Record Custodian. Copies of this form must be destroyed upon the completion of its temporary use. To receive a copy of your health information please contact your Health Care Provider's Record Custodian or the UMSylvester HIM Release of Information department at (305) 243-5272.

SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HOSPITAL & CLINICS
 Miami, FL 33136 www.med.miami.edu (305)243-1000

CT DEPARTMENT ORDER FORM

NAME: _____

_____ UMMG # MRN

AGE: _____ DOB: _____ / _____ / _____

DATE OF SERVICE: _____



Form A1400007

Revised 02/19/07

ICD-9	DESCRIPTION	473.3	CHR SPHENOIDAL SINUSITIS	783.21	LOSS OF WEIGHT	161.8	MALIGNANT NEO LARYNX NEC
444.0	ABD AORTIC EMBOLISM	571.8	CHRONIC LIVER DIS NEC	442.3	LOWER EXTREMITY ANEURYSM	161.9	MALIGNANT NEO LARYNX NOS
789.06	ABD PAIN EPIGASTRIC	585	CHRONIC RENAL FAILURE	722.52	LUMB/LUMBOSAC DISC DEGEN	155.2	MALIGNANT NEO LIVER NOS
789.07	ABD PAIN GENERALIZED	472.0	CHRONIC RHINITIS	724.2	LUMBAGO	152.0	MALIGNANT NEOPL DUODENUM
789.04	ABD PAIN L-LOWER QUAD	473.8	CHRONIC SINUSITIS NEC	722.10	LUMBAR DISC DISPLACEMENT	154.1	MALIGNANT NEOPL RECTUM
789.02	ABD PAIN L-UPPER QUAD	473.9	CHRONIC SINUSITIS NOS	756.11	LUMBOSACR SPONDYLOLYSIS	199.1	MALIGNANT NEOPLASM NOS.
789.09	ABD PAIN NEC/MULTI SITE	571.5	CIRRHOISIS OF LIVER NOS	721.3	LUMBOSACRAL SPONDYLOSIS	383.9	MASTOIDITIS NOS
789.03	ABD PAIN R-LOWER QUAD	331.3	COMMUNIC HYDROCEPHALUS	202.80	LYMPHOMA NEC-EXTRNOD/NO	203.00	MULTIPLE MYELOMA.
789.01	ABD PAIN R-UPPER QUAD	389.00	CONDUCT HEARING LOSS NOS	202.81	LYMPHOMAS NEC HEAD	336.8	MYELOPATHY NEC
789.39	ABD/PEL SWELL NEC/MULTI	414.00	COR ATRHRSCL-UNS VESSEL	238.7	LYMPHOPROLIFERAT DIS NOS	478.1	NASAL & SINUS DIS NEC
789.30	ABD/PELV SWELL NOS SITE	786.2	COUGH	162.9	MAL NEO BRONCH/LUNG NOS	471.8	NASAL SINUS POLYP NEC
789.33	ABD/PELV SWELL RLQ	436	CVA	180.9	MAL NEO CERVIX UTERI NOS	331.4	OBSTRUCTIV HYDROCEPHALUS
789.31	ABD/PELV SWELL RUQ	593.2	CYST OF KIDNEY, ACQUIRED	150.8	MAL NEO ESOPHAGUS NEC	771.1	OBSV-SUSPCT MAL NEOPLASM
441.4	ABDOM AORTIC ANEURYSM	753.19	CYSTIC KIDNEY DISEAS NEC	150.9	MAL NEO ESOPHAGUS NOS	388.70	OTALGIA NOS
793.6	ABN FIND-ABDOMIN AREA	753.10	CYSTIC KIDNEY DISEAS NOS	195.0	MAL NEO HEAD/FACE/NECK	998.59	OTH POSTOP INFECTION
793.9	ABN FIND-BODY STRUCT NEC	470	DEVIATED NASAL SEPTUM	148.8	MAL NEO HYPOPHARYNX NEC	780.99	OTHER GENERAL SYMPTOMS
793.5	ABN FINDINGS-GU ORGANS	553.3	DIAPHRAGMATIC HERNIA	148.9	MAL NEO HYPOPHARYNX NOS	518.89	OTHER LUNG DISEASE NEC
793.0	ABN FINDING-SKULL & HEAD	239.0	DIGESTIVE NEOPLASM NOS	155.0	MAL NEO LIVER, PRIMARY	V54.89	OTHER ORTHOPED AFTERCARE
793.1	ABN FINDINGS-LUNG FIELD	385.9	DIS MID EAR/MASTOID NOS	150.5	MAL NEO LOWER 3RD ESOPH	382.9	OTITIS MEDIA NOS
738.4	ACQ SPONDYLOLISTHESIS	576.8	DIS OF BILIARY TRACT NEC	196.0	MAL NEO LYMPH-HEAD/NECK	620.2	OVARIAN CYST NEC/NOS
205.00	ACUTE MYELOID LEUKEMIA.	575.9	DIS OF GALLBLADDER NOS	160.0	MAL NEO NASAL CAVITIES	729.5	PAIN IN LIMB
255.9	ADRENAL DISORDER NOS	722.2	DISC DISPLACEMENT NOS	147.9	MAL NEO NASOPHARYNX NOS	577.2	PANCREAT CYST/PSEUDOCYST
255.8	ADRENAL DISORDER NEC	246.9	DISORDER OF THYROID NOS	157.1	MAL NEO PANCREAS BODY	577.8	PANCREATIC DISEASE NEC
441.9	AORTIC ANEURYSM NOS	621.8	DISORDERS OF UTERUS NEC.	170.6	MAL NEO PELVIC GIRDLE	577.9	PANCREATIC DISEASE NOS
424.1	AORTIC VALVE DISORDER	562.11	DIVERTICULITIS OF COLON	154.0	MAL NEO RECTOSIGMOID JCT	733.13	PATHOLOG FRACT VERTEBRAE
V45.81	AORTOCORONARY BYPASS	562.10	DIVERTICULOSIS OF COLON	158.0	MAL NEO RETROPERITONEUM	511.9	PLEURAL EFFUSION NOS
V45.4	ARTHRODESIS STATUS	562.00	DIVERTICULOSIS SM INTEST	173.3	MAL NEO SKIN FACE NEC	511.0	PLEURISY W/O EFFUS OR TB
789.5	ASCITES	596.3	DIVERTICULUM OF BLADDER	171.5	MAL NEO SOFT TIS ABDOMEN	515	POSTINFLAM PULM FIBROSIS
733.42	ASEPTIC NECROSIS FEMUR	780.4	DIZZINESS AND GIDDINESS	171.6	MAL NEO SOFT TIS PELVIS	722.81	POSTLAMINECT SYND-CERV
117.3	ASPERGILLOSIS	492.8	EMPHYSEMA NEC	171.8	MAL NEO SOFT TISSUE NEC	722.83	POSTLAMINECT SYND-LUMBAR
440.20	ATHEROSCLER-EXTREMTY NOS	492.0	EMPHYSEMATOUS BLEB	171.9	MAL NEO SOFT TISSUE NOS	518.0	PULMONARY COLLAPSE
414.01	ATHRSCL NATIVE COR ART	785.6	ENLARGEMENT LYMPH NODES	141.0	MAL NEO TONGUE BASE	555.9	REGIONAL ENTERITIS NOS
724.5	BACKACHE NOS	530.89	ESOPHAGEAL DISORDERS NEC	189.9	MAL NEO URINARY NOS	593.89	RENAL & URETERAL DIS NEC
211.5	BEN NEO LIVER/BILE DUCTS	625.9	FEM GENITAL SYMPTOMS NOS	172.8	MALIG MELANOMA SKIN NEC	593.9	RENAL & URETERAL DIS NOS
213.0	BEN NEO SKULL/FACE BONE	780.6	FEVER	172.9	MALIG MELANOMA SKIN NOS	788.0	RENAL COLIC
227.0	BENIGN NEOPLASM ADRENAL	240.9	GOITER NOS	188.8	MALIG NEO BLADDER NEC	786.9	RESP SYS/CHEST SYMP NEC
596.9	BLADDER DISORDER NOS	784.0	HEADACHE	188.9	MALIG NEO BLADDER NOS	198.3	SEC MAL NEO BRAIN/SPINE
239.4	BLADDER NEOPLASM NOS	389.9	HEARING LOSS NOS	182.0	MALIG NEO CORPUS UTERI	197.6	SEC MAL NEO PERITONEUM
733.90	BONE & CARTILAGE DIS NOS	228.04	HEMANGIOMA INTRA-ABDOM	156.0	MALIG NEO GALLBLADDER	197.7	SECOND MALIG NEO LIVER
348.9	BRAIN CONDITION NOS	228.09	HEMANGIOMA NEC	157.8	MALIG NEO PANCREAS NEC	198.5	SECONDARY MALIG NEO BONE
348.8	BRAIN CONDITIONS NEC	599.7	HEMATURIA	157.9	MALIG NEO PANCREAS NOS	197.0	SECONDARY MALIG NEO LUNG
854.00	BRAIN INJURY NEC.	070.54	HEP C NO COMA-CHRONIC	142.0	MALIG NEO PAROTID	389.10	SENSORNEUR HEAR LOSS NOS
494	BRONCHIECTASIS	573.2	HEPATITIS IN OTH INF DIS	187.4	MALIG NEO PENIS NOS	786.05	SHORTNESS OF BREATH
592.0	CALCULUS OF KIDNEY	789.1	HEPATOMEGALY	189.1	MALIG NEO RENAL PELVIS	721.8	SPINAL DISORDERS NEC
592.1	CALCULUS OF URETER	553.8	HERNIA NEC	173.2	MALIG NEO SKIN EAR	724.02	SPINAL STENOSIS-LUMBAR
574.20	CALCULUS-GB-NO CYSTITIS.	201.90	HODGKINS NOS-EXTRNOD/NOS	186.9	MALIG NEO TESTIS NEC	289.59	SPLEEN DISEASE NEC
429.3	CARDIOMEGALY	V10.3	HX OF BREAST MALIGNANCY	141.8	MALIG NEO TONGUE NEC	442.83	SPLENIC ARTERY ANEURYSM
785.9	CARDIOVAS SYS SYMP NEC	V10.05	HX OF COLONIC MALIGNANCY	141.9	MALIG NEO TONGUE NOS	789.2	SPLENOMEGALY
434.90	CEREBR ART OCC NO INFARC	V10.04	HX OF GASTRIC MALIGNANCY	189.0	MALIG NEOPL KIDNEY	784.2	SWELLING IN HEAD & NECK
434.91	CEREBR ART OCC W INFARCT	V10.52	HX OF KIDNEY MALIGNANCY	151.8	MALIG NEOPL STOMACH NEC	722.51	THORACIC DISC DEGEN
721.1	CERV SPONDYL W MYELOPATH	V10.43	HX OF OVARIAN MALIGNANCY	151.9	MALIG NEOPL STOMACH NOS	722.11	THORACIC DISC DISPLACMNT
722.4	CERVICAL DISC DEGEN	V10.47	HX-TESTICULAR MALIGNANCY	179	MALIG NEOPL UTERUS NOS	721.2	THORACIC SPONDYLOSIS
722.0	CERVICAL DISC DISPLACMNT	591	HYDRONEPHROSIS	174.8	MALIGN NEOPL BREAST NEC	287.5	THROMBOCYTOPENIA NOS
723.0	CERVICAL SPINAL STENOSIS	593.5	HYDROURETER	174.9	MALIGN NEOPL BREAST NOS	242.00	TOX DIF GOITER NO CRISIS
721.0	CERVICAL SPONDYLOSIS	621.2	HYPERTROPHY OF UTERUS	183.0	MALIGN NEOPL OVARY	553.1	UMBILICAL HERNIA
723.1	CERVICALGIA	737.30	IDIOPATHIC SCOLIOSIS	195.3	MALIGN NEOPL PELVIS	238.0	UNC BEHAV NEO BONE
786.50	CHEST PAIN NOS	442.2	ILIAC ARTERY ANEURYSM	185	MALIGN NEOPL PROSTATE	550.90	UNILAT INGUINAL HERNIA
786.6	CHEST SWELLING/MASS/LUMP	444.81	ILIAC ARTERY EMBOLISM	193	MALIGN NEOPL THYROID	593.4	URETERIC OBSTRUCTION NEC
385.30	CHOLESTEATOMA NOS	569.9	INTESTINAL DISORDER NOS	189.2	MALIGN NEOPL URETER	599.0	URIN TRACT INFECTION NOS
473.2	CHR ETHMOIDAL SINUSITIS	569.89	INTESTINAL DISORDERS NEC.	189.3	MALIGN NEOPL URETHRA	218.9	UTERINE LEIOMYOMA NOS

OTHER, (PLEASE SPECIFY ICD-9 CODE)

This list is not all-inclusive, but is a guide only. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature of severity of complaint or condition, and that this information can be substantiated by the patient's medical record.