



Advanced Imaging Services Referral

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Diagnosis: _____

Clinical History: _____

- Rad to Read
- Neuro to Read
- Cardiology to Read
- Stat Reading/Wet Read

DISCLAIMER/AUTHORIZATION DISCLAIMER/

AUTHORIZATION Interpreting physicians are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring. NO

APPROPRIATE USE CRITERIA

Medicare Part B -CT, MRI, NM, PET/CT

Clinical Decision Support Codes. See back for guidance

G Code: _____ (if G1011, provide vendor name)

HCPCS Modifier: _____

EXAMINATIONS REQUIRING A SCHEDULED APPOINTMENT TIME

NUCLEAR MEDICINE EXAMS

- Bone Imaging
 - 3Phase SPECT Whole Body
- Myocardial Perfusion
 - Exercise Pharmacological
- MUGA Scan
- EKG Treadmill Stress
- Gallium Scan Infection Tumor
- Gastric Emptying Solid Liquid
- HIDA Scan
- Thyroid & Uptake
- VCUG
- Renal Scan DTPA w/GFR Mag 3 w/lasix
- Liver SPECT (Hemangioma Study)
- Liver/Spleen
- Cisternogram
- WBC Labeled Scan Indium Ceretec
- VQ Scan Quantitative (Lung)
- Octreoscan
- Breast Specific Gamma Imaging (BSGI)
- Parathyroid Scan
- Other: _____

MRI

- IV Contrast Yes No
- Abdomen Pelvis
- Chest
- Brain Orbits IAC Pituitary
- Neck (soft tissue)
- Spine: Cervical Thoracic Lumbar
- Lower Extremity (Area/Joint) _____ L R
- Upper Extremity (Area/Joint) _____ L R
- Breast
- Prostate
- Arthrogram Area: _____ L R
- MRA/Location: _____
- MRV/Location: _____
- Other: _____

PET EXAMS

- Skull to Thigh Initial Follow Up
- Whole Body Initial Follow Up
- Other/Specify: _____

CT SCAN

- IV Contrast Yes No
- Oral Contrast Yes No
- Abd/Pelvis Abdomen Pelvis
- Orbit Facial bones
- Abdominal/Aorta with Run-off
- Chest Chest CTA for PE
- Chest/Abd/Pelvis Chest High Resolution
- Head/Brain Sinuses
- CT Renal Stone Protocol
- CT Urogram (no oral contrast needed)
- Neck/Soft Tissue
- Spine: Cervical Thoracic Lumbar
- Upper Ext. (Area/Joint) _____ L R
- Lower Ext. (Area/Joint) _____ L R
- Cardiac Calcium Scoring
- Cardiac Valve Study TAVR
- CTA (Coronary)
- CTA/Location: _____
- CT Myelogram Specify Area: _____
- Other: _____

To schedule your appointment, call:

855-724-3384

Scheduling is open

Monday - Friday, 8 a.m. - 5:30 p.m.

Please arrive 15 minutes prior to your appointment and bring the following information with you:

- ▲ This form signed by your referring physician
- ▲ Insurance card
- ▲ Photo ID (i.e. license, passport)
- ▲ Any previous exam films and reports performed at a non-Valley Health facility including x-rays, mammograms, MRIs, CT scans, and ultrasounds

Referring Physician(signature): _____ Date: _____ Time: _____

Referring Physician(print name): _____ Physician NPI: _____

Referring Physician: Phone # _____ Fax # _____

AUC Codes (HCPCS Modifiers)

HCPCS Modifiers	Purpose	Does it need a G-Code
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	No
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access	No
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	No
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances	No
ME	The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Yes
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	Yes
MG	The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Yes
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	No

These indicate which CDSM was consulted, these are to be used in conjunction with HCPCS codes ME, MF, and MG.

G-Code	CDSM
G1000	Clinical Decision Support Mechanism Applied Pathways– removed effective 4/1/2020
G1001	eviCore,
G1002	MedCurrent
G1003	Medicalis
G1004	National Decision Support Company (CareSelect)
G1005	National Imaging Associates
G1006	Test Appropriate
G1007	AIM Specialty Health
G1008	Cranberry Peak
G1009	Sage Health Management Solutions
G1010	Stanson
G1011	Qualified tool not otherwise specified
G1012	AgileMD's Clinical Decision Support Mechanism
G1013	EvidenceCare's Imaging Advisor
G1014	InveniQA's Semantic Answers in Medicine™
G1015	Reliant Medical Group CDSM
G1016	Speed of Care CDSM
G1017	HealthHelp's Clinical Decision Support Mechanism
G1018	INFINX CDSM
G1019	LogicNets AUC Solution