



\*CYFRQ\*

NOTICE: Bills will be submitted for payment to Medicare, Medicaid, all other governmental programs, and third party payors based upon the diagnostic information provided by the treating physician.  ABN Attached

**Cypress Fairbanks  
Medical Center**

PATIENT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Last First MI

PHONE- Day: \_\_\_\_\_ Night: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

BILL TO:  PATIENT  MEDICARE  INSURANCE  MEDICAID Appointment - Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\* DIAGNOSIS: \*\***

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**VO / TO**  
Read Back

5. **Screening Test:** All tests ordered for the purpose of screening, including tests ordered as part of routine physical examinations, must be accompanied by an ABN completed by the ordering physician and signed by the patient. Medical Imaging facilities may not bill the patient for the service unless the ABN has been completed and signed by patient prior to the rendition of the service(s).

X-Ray	CPT code
___ SINUSES, COMPLETE	70220
___ SHOULDER, COMP. ___ R ___ L	73030
___ CLAVICLE ___ R ___ L	73000
___ HUMERUS ___ R ___ L	73060
___ ELBOW COMPLETE ___ R ___ L	73080
___ FOREARM, 2 VIEW	73090
___ WRIST, COMPLETE ___ R ___ L	73110
___ HAND, COMPLETE ___ R ___ L	73130
___ FINGERS ___ R ___ L	73140
___ CHEST, 2-VIEW	71020
___ RIBS, UNILATERAL ___ R ___ L	71100
___ ACUTE ABDOMEN SERIES	74022
___ KUB (ABD. 1 VIEW)	74000
___ CERVICAL SPINE, COMPLETE	72050
___ THORACIC SPINE, COMPLETE	72072
___ LUMBAR SPINE, COMPLETE	72110
___ SACRUM & COCCYX	72220
___ HIP, UNILATERAL 2V ___ R ___ L	73510
___ FEMUR, 2 VIEW ___ R ___ L	73550
___ KNEE, COMPLETE ___ R ___ L	73564
___ TIB/FIB, 2VIEW ___ R ___ L	73590
___ ANKLE, COMPLETE ___ R ___ L	73610
___ FOOT, COMPLETE ___ R ___ L	73630
ULTRASOUND	
___ SOFT TISSUE NECK/THYROID	76536
___ PELVIC COMPLETE/TRANSVAGINAL	76856
___ ABDOMEN COMPLETE	& 76830
___ TRANSABDOMINAL OB <14 WKS	76801
___ AND TRANSVAGINAL	& 76817
___ TRANSABDOMINAL OB >14 WKS	76805
___ SCROTUM / TESTICULAR	76870
___ RENAL	76770
___ GALL BLADDER	76705
___ LIMITED OB	76815

CT	CPT code
___ HEAD/BRAIN W/O CONTRAST	70450
___ SINUS WITHOUT IV CONTRAST	70486
___ NECK WITH CONTRAST	70491
___ CHEST WITH IV CONTRAST	71260
___ ABDOMEN WITH IV CONTRAST	74160
___ ABDOMEN W/WO (NOT CTA)	74170
___ PELVIS WITH IV CONTRAST	72193
___ CT EXTREMITIES W/O ___ UP	73200
Specify: _____ LWR	73700
___ STONE SURVEY	74150 & 72192
<input type="checkbox"/> CONTRAST PER RADIOLOGIST'S DISCRETION	
MRI	
___ BRAIN W/O	70553
___ BRAIN AND IAC W/O	70553
___ SOFT TISSUE NECK W/O	70543
___ CERVICAL SPINE W/O	72141
___ THORACIC SPINE W/O	72146
___ LUMBAR SPINE W/O	72148
___ MRI CHEST W/O	71550
___ MRI KIDNEY W/O	74183
___ MRI LIVER W/O	74183
___ MRCP (GALLBLADDER)	74181
___ EXTREMITY JOINT W/O ___ UP	73221
Specify: _____ LWR	73721
___ EXTR. LONG BONE W/O ___ UP	73218
Specify: _____ LWR	73718
MR ANGIOGRAPHY	
___ MRA HEAD (COW) W/O	70544
___ MRA NECK (CAROTIDS) W/O	70549
___ MRA RENAL ARTERIES W/O	74185
___ MRA AORTA W/O	74185
___ MRA ABDOMEN W/O	74185
___ MRA RUN-OFF (LWR EXT)	72198 & 73725

CARDIOPULMONARY	CPT code
___ EEG	95816
___ ECHOCARDIO. - 93307, 93320, & 93325	
___ HOLTER MONITOR	93225 & 93226
___ PULMONARY FUNCTION	94360, 94720, 94240, 94060 & 94260
___ EKG	93005
___ CAROTID ULTRASOUND	93880
___ VENOUS DOPPLER ___ UP ___ UNI	93971
___ LWR BILAT	93970
NUCLEAR MEDICINE	
___ BONE SCAN - WHOLE BODY	78306
___ BONE SCAN - 3 PHASE	78315
___ BONE SCAN - LIMITED	78300
___ THYROID UPTAKE/SCAN	78007
___ LUNG SCAN	78893
___ HIDA WITH KINEVAC	78223
___ RENAL WITH LASIX	78708
___ RENAL WITH CAPTOPRIL	78708
WOMEN'S SERVICES	
___ MAMMOGRAM, SCREENING/ CAD	76092 & 76083
___ MAMMOGRAM, DIAGNOSTIC/ CAD	76091 & 76082
___ MAMMOGRAM UNILAT. ___ R ___ L	76090 / CAD & 76082
___ BONE DENSITOMETRY	76075
___ BREAST U.S. ___ R ___ L	76645
<input type="checkbox"/> U.S. PER RADIOLOGIST'S DISCRETION	
FLOURO	
___ BARIUM ENEMA	74280
___ IVP	74410
___ IVP WITH LIMITED CT	74400 & 76380
___ UPPER GI	74247
___ UGI WITH SMALL BOWEL	74249

**OTHER EXAM or INSTRUCTIONS:**

STAT Order:

\_\_\_\_\_

\_\_\_\_\_

CALL Report to Dr.:

Radiologist's order/CPT code: \_\_\_\_\_

Reason: \_\_\_\_\_

Radiologist's signature: \_\_\_\_\_

DATE: \_\_\_\_\_ DR. FAX #: \_\_\_\_\_

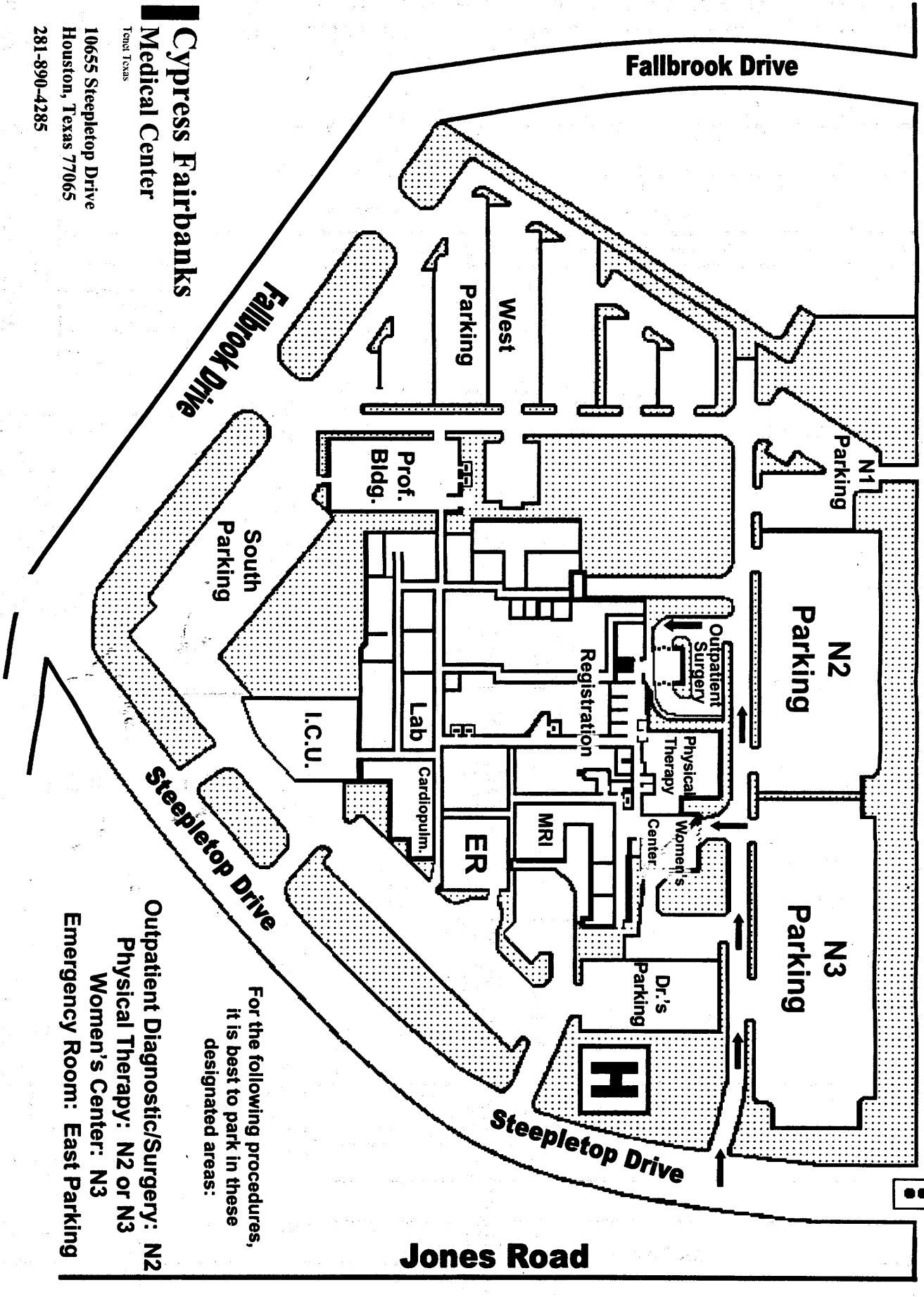
PHYSICIAN NAME: \_\_\_\_\_  
( Please Print Clearly )

Physician Signature: \_\_\_\_\_



Medicare regulations require the tests to be medically necessary for the diagnosis and treatment of the patient to qualify for reimbursement from the program. The physician must be treating the patient in connection with the diagnosis or complaints listed and this information must accurately reflect the medical reasons for requesting these tests. The medical necessity of each test ordered on this requisition must be documented in the patient's medical record. Tests ordered for the purpose of screening, or which the physician believes to be appropriate even if the payor may not allow reimbursement, may not be billed to Medicare except for the purpose of receiving a denial. An Advance Beneficiary Notice (ABN) must be signed by the beneficiary or authorized person and attached to this form indicating his/her willingness to assume financial responsibility for the testing. **General Instructions for Governmental Payors:** All orders for medical imaging tests must include a statement of the medical reason for those tests. Please list the reason(s) for the exam below. If a specific test is not supported by documentation in the medical record or is clearly for screening purposes, the test must be designated as a "Screening Test" and must be accompanied by the signed ABN.

West ← FM 1960 → East



**Cypress Fairbanks  
Medical Center**

Tomb Texas

10655 Steepletop Drive  
Houston, Texas 77065  
281-890-4285

For the following procedures,  
it is best to park in these  
designated areas:

- Outpatient Diagnostic/Surgery: N2
- Physical Therapy: N2 or N3
- Women's Center: N3
- Emergency Room: East Parking

**Jones Road**