

URGENT  
 ROUTINE

Harnett Health – Betsy Johnson Hospital  
 800 Tilghman Drive, Dunn, NC 28334

Harnett Health – Central Harnett Hospital  
 215 Brightwater Drive, Lillington, NC 27546

\*\*If no status checked, exam will be processed as routine.

Harnett Health Scheduling Department

Phone: 910-892-1000 ext 5000 Fax: 910-694-1304

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pt phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

Insurance : \_\_\_\_\_ Authorization #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Provider Name (Printed): \_\_\_\_\_ After Hours Phone #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ NPI #: \_\_\_\_\_

Special Instructions / Indication: \_\_\_\_\_

AUC Score: \_\_\_\_\_ Decision Support #: \_\_\_\_\_

AUC Results: \_\_\_\_\_ Claim Modifier: \_\_\_\_\_ Vendor G-Code: \_\_\_\_\_

**DIAGNOSTIC RADIOLOGY – NO APPOINTMENT REQUIRED**

Chest 2V 71046  ABD Series 74022  KUB 1V 74018  Pelvis 72170

Other: \_\_\_\_\_ RT \_\_\_\_\_ LT

**APPOINTMENT REQUIRED FOR FOLLOWING EXAMS:**

Screening may be required for IV Contrast studies:  I authorize a Creatinine test prior to procedure, if required.

CT		MRI		NUCLEAR MEDICINE		ULTRASOUND	
<input type="checkbox"/> Head/Brain w/o 70450	<input type="checkbox"/> Brain w/o 70551	<input type="checkbox"/> Bone Scan WB 78306	<input type="checkbox"/> Head/Neck Soft Tissue 76536	<input type="checkbox"/> Head/Brain w/w 70470	<input type="checkbox"/> Brain w/w 70553	<input type="checkbox"/> Bone 3 Phase 78315	<input type="checkbox"/> Thyroid 76536
<input type="checkbox"/> Maxofacial/Sinus w/o 70486	<input type="checkbox"/> Cervical w/o 72141	<input type="checkbox"/> Bone Ltd 78300	<input type="checkbox"/> Breast LTD: ___ RT ___ LT 76642	<input type="checkbox"/> Maxofacial/Sinus w/ 70487	<input type="checkbox"/> Cervical w/w 72156	<input type="checkbox"/> Gastric Emptying 78264	<input type="checkbox"/> ABD Complete 76700
<input type="checkbox"/> Soft Tissue Neck w/o 70490	<input type="checkbox"/> Thoracic w/o 72146	<input type="checkbox"/> GI Bleed-Acute 78278	<input type="checkbox"/> Abdomen Limited 76705	<input type="checkbox"/> Soft Tissue Neck w/ 70491	<input type="checkbox"/> Thoracic w/w 72157	<input type="checkbox"/> HIDA w/CCK 78227	<input type="checkbox"/> Renal (Kid/Blad) 76770
<input type="checkbox"/> Chest w/o 71250	<input type="checkbox"/> Lumbar w/o 72148	<input type="checkbox"/> HIDA 78226	<input type="checkbox"/> Gallbladder 76705	<input type="checkbox"/> Chest w/ 71260	<input type="checkbox"/> Lumbar w/w 72158	<input type="checkbox"/> Ceretec WB 78806	<input type="checkbox"/> Aorta 76770
<input type="checkbox"/> C Spine w/o 72125	<input type="checkbox"/> Orbit/Face/Neck w/o 70540	<input type="checkbox"/> Ceretec Ltd 78805	<input type="checkbox"/> Testicular 76870	<input type="checkbox"/> L Spine w/o 72131	<input type="checkbox"/> Soft Tissue Neck w/w 70543	<input type="checkbox"/> MUGA 78472	<input type="checkbox"/> Pelvis – Complete 76856
<input type="checkbox"/> T Spine w/o 72128	<input type="checkbox"/> Abdomen w/o 74181	<input type="checkbox"/> Renal w/ Lasix 78708	<input type="checkbox"/> Transvag Non-OB 76830	<input type="checkbox"/> ABD & Pelvis w/ 74177	<input type="checkbox"/> Abdomen w/w 74183	<input type="checkbox"/> Renal w/ Enalapril 78709	<input type="checkbox"/> Transvag OB 76817
<input type="checkbox"/> ABD & Pelvis w/o 74176	<input type="checkbox"/> Pelvis w/o 72195	<input type="checkbox"/> Lung Vent/Perf 78582	<input type="checkbox"/> OB Complete 76805	<input type="checkbox"/> Urogram	<input type="checkbox"/> Pelvis w/w 72197	<input type="checkbox"/> Thyroid Uptake 78012	<input type="checkbox"/> OB Limited 76815
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Extremity: _____	<input type="checkbox"/> Thyroid Scan/Uptake 78014	<input type="checkbox"/> OB 1st Trimester 76801	<input type="checkbox"/> Biopsy of: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Parathyroid 78070	<input type="checkbox"/> OB Follow Up 76816
<b>FLUOROSCOPY</b>	<b>MAMMOGRAPHY</b>	<input type="checkbox"/> Liver/Spleen 78215	<input type="checkbox"/> Biophys Prof w/ NST 76818	<input type="checkbox"/> Esophagus 74220	<input type="checkbox"/> Screening Bilat G0202/77067	<input type="checkbox"/> Cardiac rest/stress 78452	<input type="checkbox"/> Biophys Prof w/o NST 76819
<input type="checkbox"/> Mod Swallow w/ Speech 92611	<input type="checkbox"/> *3D Tomo Screen 77063	<input type="checkbox"/> w/ exercise 93017	<input type="checkbox"/> Carotid Bilat 93880	<input type="checkbox"/> Upper GI w/o KUB 74240	Diagnostic: w/ US if needed	<input type="checkbox"/> w/ Lexi	<input type="checkbox"/> Venous Doppler:
<input type="checkbox"/> Small Bowel 74250	<input type="checkbox"/> Unilateral ___ Rt ___ Lt 77065	<input type="checkbox"/> w/ Dobutamine	<input type="checkbox"/> Leg – Bilateral 93970	<input type="checkbox"/> Other: _____	Location of lump or mass: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Arm: ___ RT ___ LT 93971
<input type="checkbox"/> Bone Density 77081/77080	<input type="checkbox"/> *3D Tomo Diag Bilat 77062	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Biopsy of: _____		<input type="checkbox"/> *3D Tomo Diag Unilat 77061		<input type="checkbox"/> OB Follow Up 76816
	<input type="checkbox"/> *Tomo needed in conj w/ mammo code		<input type="checkbox"/> Other: _____		<b>Tomo only at Betsy Johnson Hosp</b>		

RAD  
 OP ORDERS  
 R: 12/2020

