

KONA COMMUNITY HOSPITAL <i>Care You Can Count On</i>			FAX: (808) 322-4576 PHONE: (808) 322-4490			IMAGING DEPARTMENT 79-1019 Haukapila Street Kealahou, HI 96750						
Patient LAST FIRST MI			D.O.B AGE			M F		Date of Exam:				
						Unknown		Time:				
Address:						REPORT TYPE:						
City:			State:			ZIP:			STAT		Routine Phone FAX	
Cell:			Home:			Work:			ALLERGIES:			
1 st Insurance			#			PreAuth #						
2 nd Insurance			#			PreAuth #						
ICD 10 Diagnosis/Reason for Visit:						Patient to Wait: YES NO Patient to return with CD: YES NO						
Referring Physician (PRINT):						EXAMS NOT LISTED BELOW BE SPECIFIC AND DETAILED						
Referring Physician Signature: Date:												
MRI / Echo / Ultrasound												
X MRI ANGIOGRAPHY			Without With WO & W			X CODE			ECHOCARDIOGRAM			
MRA Abdomen			C8901 C8900 C8902			93306			Complete with Doppler			
MRA Head			70544			93308			Limited 2D			
MRA Neck			70547 70548 70549			93312			Tee Transesophageal			
X MRI HEAD / NECK			Without With WO & W			X CODE			US ASPIRATION / BIOPSY			
Face / Orbit / Neck			70540 70542 70543			10005			FNAB with Image Guidance First Lesion			
Face / Orbit			70540 70542 70543			20206			BX Muscle Percutaneous Needle			
Neck			70540 70542 70543			32555			Thoracentesis			
Brain			70551 70552 70553			38505			BX Lymph Node			
X MRI CHEST / ABDOMEN / PELVIS			Without With WO & W			X CODE			US BODY			
Chest			71550 71551 71552			47000			BX Liver Percutaneous Needle			
Pelvis			72195 72196 72197			49083			Paracentesis			
Sacrum			72195 72197			49180			BX Abdominal Mass Percutaneous Needle			
Abdomen			74181 74182 74183			60100			BX Thyroid Percutaneous Needle			
Cholangiopancreatogram (ERCP)			74181			76098			Breast Tissue Specimen			
Breast Bilateral			77047 C8906 C8908			X CODE			US BODY			
X MRI SPINE			Without With WO & W			76506			Head			
C Spine			72141 72142 72156			76536			Head Neck Soft Tissue			
T Spine			72146 72147 72157			76604			Chest			
L Spine			72148 72149 72158			76700			Abdomen Complete			
X MRI UPPER EXTREMITY			Without With WO & W			76705			Abdomen Limited			
Upper Extremity (non-joint)			B L R 73218 73219 73220			76770			Kidneys and Bladder			
Hand			L R 73218 73219 73220			76775			Retroperitoneal Limited			
Shoulder			L R 73221 73222 73223			76800			Spinal Canal			
Elbow			L R 73221 73222 73223			76801			OB less 14 weeks			
Wrist			B L R 73221 73222 73223			76805			OB Complete greater 14 weeks 1 Fetus			
X MRI LOWER EXTREMITY			Without With WO & W			76810			OB Complete greater 14 weeks Additnl Fetus			
Lower Extremity (non-joint)			L R 73718 73719 73720			76815			OB Limited			
Foot			L R 73718 73719 73720			76817			Transvaginal Pregnant Uterus			
Hip			B L R 73721 73722 73723			76819			Fetal Biophysical Profile without non-stress			
Knee			B L R 73721 73722 73723			76856			Pelvis Complete			
Ankle			L R 73721 73722 73723			76857			Pelvis Limited			
						76870			Testicles			
X CODE US VASCULAR			X CODE US VASCULAR			76881			Lower Extremity Complt Non-Vas			
93880 Extrcranial Carotid BIL			93882 Extrcranial Carotid UNI			L R 76881			Upper Extremity Complt Non-Vas			
93925 Art Duplx Low Ext BIL			93926 Art Duplx Low Ext UNI			L R 76882			Lower Extremity Limited Non-Vas			
93930 Art Duplx Upr Ext BIL			93931 Art Duplx Upr Ext UNI			L R 76882			Upper Extremity Limited Non-Vas			
93970 Duplx Low Ext Vein BIL			93971 Duplx Low Ext Vein UNI			L R 76885			Infant Hips			
93970 Duplx Upr Ext Vein BIL			93971 Duplx Upr Ext Vein UNI			L R 76937			Guidance Vascular Access			
93975 Dup Art Ven AbdPel CM			93976 Dup Art Ven AbdPel Limited			76942			Guidance Needle Placement			
93978 Dup Aorta IVC Iliac CMP			93979 Dup Aorta IVC Iliac Limited									