

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		C8902		93306	Complete with Doppler
MRA Head			70544				93308	Limited 2D
MRA Neck			70547		70549		93312	Tee Transesophageal
X MRI HEAD / NECK			Without	With	WO & W			
Face / Orbit / Neck			70540		70543	X	CODE	US ASPIRATION / BIOPSY
Face / Orbit			70540		70543		10005	FNAB with Image Guidance First Lesion
Neck			70540		70543		20206	BX Muscle Percutaneous Needle
Brain			70551		70553		32555	Thoracentesis
X MRI CHEST / ABDOMEN / PELVIS			Without	With	WO & W		38505	BX Lymph Node
Chest			71550		71552		47000	BX Liver Percutaneous Needle
Pelvis			72195		72197		49083	Paracentesis
Sacrum			72195		72197		49180	BX Abdominal Mass Percutaneous Needle
Abdomen			74181		74183		60100	BX Thyroid Percutaneous Needle
Cholangiopancreatogram (ERCP)			74181				76098	Breast Tissue Specimen
Breast Bilateral			77047		C8908	X	CODE	US BODY
X MRI SPINE			Without	With	WO & W		76506	Head
C Spine			72141		72156		76536	Head Neck Soft Tissue
T Spine			72146		72157		76604	Chest
L Spine			72148		72158		76700	Abdomen Complete
X MRI UPPER EXTREMITY			Without	With	WO & W		76705	Abdomen Limited
Upper Extremity (non-joint)			B L R 73218		73220		76770	Kidneys and Bladder
Hand			L R 73218		73220		76775	Retroperitoneal Limited
Shoulder			L R 73221		73223		76800	Spinal Canal
Elbow			L R 73221		73223		76801	OB less 14 weeks
Wrist			B L R 73221		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		73720		76815	OB Limited
Foot			L R 73718		73720		76817	Transvaginal Pregnant Uterus
Hip			B L R 73721		73723		76819	Fetal Biophysical Profile without non-stress
Knee			B L R 73721		73723		76856	Pelvis Complete
Ankle			L R 73721		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				