KONA COMMUNITY HOSPITAL

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IMAGING DEPARTMENT
79-1019 Haukapila Street
Kealakekua, HI 96750

Patient LAST	**FIRST**	**MI**	**D.O.B**	**AGE**	**M** **F** **Unknown**	**Date of Exam:** **Time:**

Address:	REPORT TYPE: STAT Routine Phone FAX
City: State: ZIP:	
Cell: Home: Work:	ALLERGIES:
1st Insurance #	PreAuth #
2nd 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
	MRA Abdomen	C8901		C8902
	MRA Head	70544		
	MRA Neck	70547		70549

X	MRI HEAD / NECK	Without	With	WO & W
	Face / Orbit / Neck	70540		70543
	Face / Orbit	70540		70543
	Neck	70540		70543
	Brain	70551		70553

X	MRI CHEST / ABDOMEN / PELVIS	Without	With	WO & W
	Chest	71550		71552
	Pelvis	72195		72197
	Sacrum	72195		72197
	Abdomen	74181		74183
	Cholangiopancreatogram (ERCP)	74181		
	Breast Bilateral	77047		C8908

X	MRI SPINE	Without	With	WO & W
	C Spine	72141		72156
	T Spine	72146		72157
	L Spine	72148		72158

X	MRI UPPER EXTREMITY				Without	With	WO & W
	Upper Extremity (non-joint)	B	L	R	73218		73220
	Hand		L	R	73218		73220
	Shoulder		L	R	73221		73223
	Elbow		L	R	73221		73223
	Wrist	B	L	R	73221		73223

X	MRI LOWER EXTREMITY				Without	With	WO & W
	Lower Extremity (non-joint)		L	R	73718		73720
	Foot		L	R	73718		73720
	Hip	B	L	R	73721		73723
	Knee	B	L	R	73721		73723
	Ankle		L	R	73721		73723

X	CODE	US VASCULAR	X	CODE	US VASCULAR		
	93880	Extrcranial Carotid BIL		93882	Extrcranial Carotid UNI	L	R
	93925	Art Duplx Low Ext BIL		93926	Art Duplx Low Ext UNI	L	R
	93930	Art Duplx Upr Ext BIL		93931	Art Duplx Upr Ext UNI	L	R
	93970	Duplx Low Ext Vein BIL		93971	Duplx Low Ext Vein UNI	L	R
	93970	Duplx Upr Ext Vein BIL		93971	Duplx Upr Ext Vein UNI	L	R
	93975	Dup Art Ven AbdPel CM		93976	Dup Art Ven AbdPel Limited		
	93978	Dup Aorta IVC Iliac CMP		93979	Dup Aorta IVC Iliac Limitied		

X	CODE	ECHOCARDIOGRAM
	93306	Complete with Doppler
	93308	Limited 2D
	93312	Tee Transesophageal

X	CODE	US ASPIRATION / BIOPSY			
	10005	FNAB with Image Guidance First Lesion			
	20206	BX Muscle Percutaneous Needle			
	32555	Thoracentesis		L	R
	38505	BX Lymph Node	B	L	R
	47000	BX Liver Percutaneous Needle			
	49083	Paracentesis			
	49180	BX Abdominal Mass Percutaneous Needle			
	60100	BX Thyroid Percutaneous Needle			
	76098	Breast Tissue Specimen			

X	CODE	US BODY			
	76506	Head			
	76536	Head Neck Soft Tissue			
	76604	Chest			
	76700	Abdomen Complete			
	76705	Abdomen Limited			
	76770	Kidneys and Bladder			
	76775	Retroperitoneal Limited			
	76800	Spinal Canal			
	76801	OB less 14 weeks			
	76805	OB Complete greater 14 weeks 1 Fetus			
	76810	OB Complete greater 14 weeks Additnl Fetus			
	76815	OB Limited			
	76817	Transvaginal Pregnant Uterus			
	76819	Fetal Biophysical Profile without non-stress			
	76856	Pelvis Complete			
	76857	Pelvis Limited			
	76870	Testicles			
	76881	Lower Extremity Complt Non-Vas	B	L	R
	76881	Upper Extremity Complt Non-Vas	B	L	R
	76882	Lower Extremity Limited Non-Vas		L	R
	76882	Upper Extremity Limited Non-Vas		L	R
	76885	Infant Hips			
	76937	Guidance Vascular Access			
	76942	Guidance Needle Placement			