Providence
Seward Medical Center

DIAGNOSTIC IMAGING

Telephone: 907-224-2847
Fax: 907-224-2904

TODAY'S DATE

PATIENT LEGAL NAME	DATE OF BIRTH	PATIENT PHONE
INSURANCE NAME	MEMBER/ POLICY/ ID#	PRE-AUTHORIZATION #
PROVIDER NAME	PROVIDER SIGNATURE DATE TIME	PROVIDER TELEPHONE
CPT CODE	ICD 10	
DECISION SUPPORT / VENDOR (G CODE)	ADHERENCE CODE (M MODIFIER)	ID / SCORE
REASON FOR EXAM		

Direct Provider Contact Number (pager, cell, etc.): _____ Provider Fax Number: _____

❑ Report and CD
❑ Patient return to clinic

❑ Routine
❑ Call results ❑ Ambra
❑ Fax results (please indicate fax#)

❑ Urgent
❑ Call results
❑ Fax results (please indicate fax#)

CT

❑ With Contrast,
❑ Without Contrast
❑ With and Without Contrast

CT

❑ Brain
❑ Sinus
❑ Soft Tissue Neck
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Urogram
❑ Renal Stone
❑ Lung Scan Screening
❑ CT Lung Scan Followup
❑ CT Calcium Scoring
❑ Lab Order _____
❑ Angio _____
❑ Other (specify)_____

❑ Chest
❑ Abdomen
❑ Pelvis
❑ Abdomen/Pelvis
❑ Chest/Abdomen/Pelvis
❑ Add 3D Images
❑ Chest PE
❑ IVP

Mobile Mammography
417 First Avenue
Seward, Alaska 99664

If you are a woman age 40 or older and due for your annual screening mammogram, give Providence Imaging Center a call at (907) 212-MAMM (6266) or (toll free) 888-458-3151 to schedule this important 20 minute test.

PLEASE CALL TO PRE-REGISTER PRIOR TO APPOINTMENT

Providence Imaging Center
3340 Providence Drive
Anchorage, AK 99508
(907) 212-3151 • (907) 212-5628
www.provimaging.com

Radiology

❑ Chest X-Ray (PA/lateral)
❑ Ribs L R
❑ Shoulder L R
❑ Humerus L R
❑ Elbow L R
❑ Forearm L R
❑ Wrist L R
❑ Hand L R
❑ Finger L R
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Abdomen Supine
❑ Abdomen Supine & Upright
❑ Pelvis
❑ Femur L R
❑ Hip (includes pelvis) L R
❑ Knee L R
❑ Tibia/Fibula L R
❑ Ankle L R
❑ Foot L R
❑ Toe L R
❑ Skull
❑ Sinuses
❑ Facial Bones
❑ Orbits
❑ Zygomatic Arches
❑ Nasal Bones
❑ Mandible
❑ Soft Tissue Neck
❑ Other (specify)_____

Ultrasound

❑ Abdomen
❑ Complete
❑ Transvaginal
❑ Renal
❑ Limited (hernia)
❑ Right Upper Quadrant
❑ Appendix
❑ Cervix Length
❑ Pelvis with Transvaginal
❑ Pelvis without Transvaginal
❑ OB: ❑ > 14 weeks ❑ < 14 weeks
❑ Scrotal
❑ Thyroid
❑ Umbilical Doplar
❑ OB Dating
❑ Transabdominal
❑ Other (specify)_____

Ultrasound Vascular

❑ Carotid
❑ Venous
❑ Upper Ext. : Right / Left
❑ Lower Ext. : Right / Left
❑ Arterial
❑ Upper Ext. : Right / Left
❑ Lower Ext. : Right / Left
❑ Mesenteric
❑ Portal Vein
❑ Renal Artery Nonvascular
❑ Limited Aorta Screening
❑ Aorta / Iliac Duplex

❑ Electrocardiogram

Additional Comments

_____
_____
_____
_____
_____

Providence Seward Medical Center
417 1st Ave PO Box 430
Seward, AK 99664
www.providence.org/diagnosticimaging

Preparations – Please follow carefully. call the department with any questions. (Small amount of water and oral medications permitted.) Please leave all jewelry and other valuables at home.

Note: The Department of Diagnostic Imaging does not provide childcare. Please make appropriate arrangements.

Ultrasound	**Abdomen** • Nothing to eat or drink 6 hours prior to exam. **OB or Pelvis** • Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment. • Do not empty your bladder before your exam.
Oral contrast	1. Mix the Omnipaque 240 in either water or another clear liquid and start the drink approximately 90 minutes before appointment. Feel free to mix it with Crystal Lite, Mio Water Spike if you like. 2. Save about 2-4 ounces in the drink as we will have you drink that last bit when you get onto the CT table for the exam. 3. NPO (eat nothing) 8 hours before appointment. 4. Get rest the night before, and plan to drink plenty of water after the exam to help clear up your kidneys.

Lung cancer screening with low dose CT (LDCT)

ICD-10 CODE – (For Lung Cancer Screening only, do not use for follow-up of a finding):

Medicare:

- ❑ 287.891 Personal history of tobacco use/personal history of nicotine dependence
- ❑ F17.210 Nicotine dependence, cigarettes, uncomplicated
- ❑ F17.211 Nicotine dependence, cigarettes, remission
- ❑ F17.213 Nicotine dependence, cigarettes, withdrawal
- ❑ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- ❑ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

Medicaid:

- ❑ 212 .2 Encounter for screening malignant neoplasm of respiratory organs

❑ Report only ❑ Report and CD "Ambra" ❑ Call Results Provider contact number : _____
❑ Fax Results Provider fax number: _____

CMS Eligibility Criteria:

- Age 50 - 80
- Asymptomatic (no signs or symptoms of lung cancer)
- Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes)
- Current smoker or one who quit smoking within the last 15 years
- Has undergone an initial counseling and shared decision-making visit (elements detailed on back)

* If your patient is 50-54, 78-80 or has pack years <30, please ask them to confirm insurance coverage prior authorization.

❑ **CT Chest Cancer Screening**	❑ **CT Chest Cancer Screening**	❑ **CT Chest Cancer F/U Screening**
(Baseline Exam)	(Routine Annual Exam)	(Follow-up of a finding)
EPIC IMG2466	EPIC IMG2466	EPIC IMG3355
CPT G0297	CPT G0297	CPT 71250

Is the patient between the ages of 55 and 77, a current or former smoker (quit within last 15 years), and have a 30+ pack year smoking history? ❑ Yes ❑ No

Does the patient show any signs or symptoms of lung cancer? ❑ Yes ❑ No

Current smoker: ❑ Yes ❑ No If no, number of years since quitting smoking:_____

Patient's smoking history: Pack Years (packs per day x years smoked) _____

Is there documentation of shared decision making? ❑ Yes ❑ No

Did the provider provide smoking cessation guidance to the patient? ❑ Yes ❑ No

Has the patient had a CT Chest exam within the past 12 months? ❑ Yes ❑ No

❑ I believe the patient meets all Eligibility Criteria listed above that can be assessed.

Provider Signature: _____ Date: _____ Time: _____