

Name: _____

Phone: _____

Fax: _____

Legal Name

Date of Birth

All items in **BOLD** are required.

Primary Phone

Work Phone

Cell Phone

Insured Name

Plan Name

Plan Number

ID#

Group #

Precert # / Auth

*PHYSICIAN SIGNATURE: _____

DX OR ICD CODE: _____

DATE: _____

AUC Codes: (Traditional Medicare Only)

All exams will be performed per MHHS protocol

Delivery ☐ CD

HCPGS G-Code:

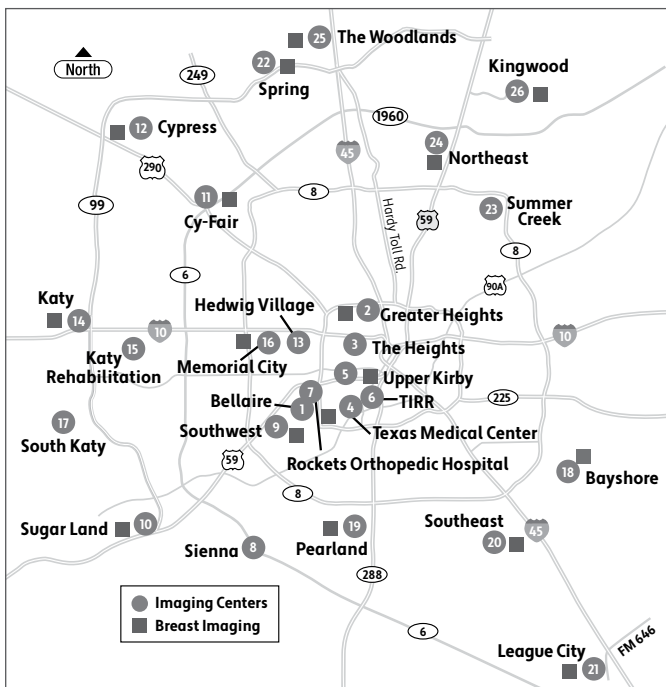
*Creatinine will be performed if needed

Creatinine: _____

HCPGS Modifier:

CPT CODES	MRI	CPT CODES	CT CONTINUED	CPT CODES	ULTRASOUND CONTINUED
70551	BRAIN W/O	70486	SINUS W/O CONTRAST	76776	RENAL TRANSPLANT
70553	BRAIN W+W/O CONTRAST	70491	SOFT TISSUE NECK W/CONTRAST	76770	RETROPERITONEAL COMPLETE
70553	PITUITARY W+W/O	72125	CERVICAL SPINE W/O CONTRAST	76770/93975	RETROPERITONEAL COMPLETE W/DOPPLER
74183	ABDOMEN W+W/O CONTRAST	72131	LUMBAR SPINE W/O CONTRAST		
77049	BREAST BILATERAL W+W/O	70487	CT SINUS W/CONTRAST	76870	SCROTUM/TESTICULAR
	BREAST W/O IMPLANT RUPTURE	70488	CT SINUS W - WO CONTRAST		SOFT TISSUE, SPECIFY
73721	KNEE W/O R L	72132	LUMBAR MYELOGRAM		
70553	IAC W+W/O	72126	CERVICAL MYELOGRAM	76536	THYROID/PARATHYROID
72156	CERVICAL SPINE W+W/O	72129	THORACIC MYELOGRAM	10022	THROID FINE NEEDLE ASP R L
72141	CERVICAL SPINE W/O		OTHER:		US GUIDED INJECTION/ASPIRATION, SPECIFY
73718	FOOT W/O CONTRAST R L	CPT CODES	CT ANGIOGRAPHY		
73721	ANKLE W/O CONTRAST R L	70496	ANGIO HEAD	93970	VENOUS DOPPLER BILATERAL (UPPER/LOWER)
73221	WRIST W/O CONTRAST R L	70498	ANGIO CAROTID	93971	VENOUS DOPPLER UNILATERAL (UPPER/LOWER) R L
73221	ELBOW W/O CONTRAST R L	74175	ANGIO ABDOMEN		OTHER:
73723	HIP W/ + W/O CONTRAST R L	75635	ANGIO AORTA WITH FEMORIAL RUN OFF		
73218	HAND W/O CONTRAST R L	71275	ANGIO CHEST		
72146	THORACIC SPINE W/O		OTHER:	CPT CODES	MAMMOGRAPHY
72157	THORACIC SPINE W+W/O	CPT CODES	PET CT	77067	SCREENING MAMMOGRAM
72148	LUMBAR SPINE W/O	78608	PET CT BRAIN WITH AMYVID	77066	DIAGNOSTIC BILATERAL
72158	LUMBAR SPINE W+W/O CONTRAST	78816	PET CT SODIUM FLUORIDE BONE SCAN	77065	DIAGNOSTIC UNILATERAL
74181	CHOLANGIOGRAM (MRCP)	78816	PET CT SCAN WHOLE BODY		BIOPSY:
72197	PELVIS W + W/O	78815	PET CT SCAN EYES TO THIGHS		OTHER:
72195	PELVIS W/O	78608	PET CT BRAIN WITH FDG (DEMENTIA SEIZURES)	CPT CODES	BONE DENSITY
73221	SHOULDER W/O R L		OTHER:	77080	DEXA
73222	SHOULDER IA GAD R L	CPT CODES	UTRASOUND		OTHER:
99155	MODERATE SEDATION SERVICES <5 yrs provided by a physician or qualified professional	76700	ABDOMEN COMPLETE	CPT CODES	NUCLEAR MEDICINE
99156	MODERATE SEDATION SERVICES >5 yrs provided by a physician or qualified professional	76770/93975	ABDOMEN W/DOPPLER	78306	BONE SCAN (WHOLE BODY)
70543	MRI ORBITS W+W/O CONTRAST	76775	ABDOMINAL AORTA	78315	BONE 3 PHASE
70540	MRI ORBITS W/O CONTRAST	93923	ARTERIAL LOWER/UPPER ABI (MULTIPLE)	78320	BONE SPECT
73723	MRI HIP W+W/O CONTRAST R L	93922	ARTERIAL LOWER/UPPER ABI (SINGLE)	78014	THYROID SCAN AND UPTAKE
73721	MRI HIP W/O CONTRAST	93925	ARTERIAL LOWER BILATERAL	78472	MUGA SCAN
70543	MRI NECK SOFT TISSUE W+ W/O CON	93922/93925	ARTERIAL LOWER BILATERAL W/ABI	78227	HIDA SCAN
	OTHER:	93923/93925	ARTERIAL LOWER BILATERAL W/SEG PRESSURES	78227	HIDA SCAN WITH KINEVAC
CPT CODES	MRA	93926	ARTERIAL LOWER UNILATERAL R L	78709	RENAL SCAN
73728	MRA RUN OFF	93930	ARTERIAL UPPER BILATERAL	78215	LIVER SPLEEN SCAN
70547	MRA NECK W/O CONTRAST	93931	ARTERIAL UPPER UNILATERAL R L	78598	LUNG SCAN (V.Q. SCAN)
73725	LOWER EXTREMITY RUN-OFF W/WO	76819	BIOPHYSICAL PROFILE		OTHER:
74185	MRA ABDOMEN W+W/O	76857	BLADDER	CPT CODES	FLUOROSCOPY
70544	MRA CIRCLE OF WILLIS BRAIN W/O	76641	BREAST BILATERAL	74240	UPPER GI
71555	MRA CHEST WITH CONTRAST	76641	BREAST UNILATERAL R L	74270	BARIUM ENEMA
71555	MRA CHEST W+W/O CONTRAST	93880	CAROTID DOPPLER	74280	BARIUM ENEMA W/AIR
	OTHER:	76981	ELASTOGRAPHY ORGAN (MUST ORDER WITH PRIMARY ORGAN US)	74220	ESOPHAGRAM/BARIUM SWALLOW
CPT CODES	CT	76705	GALLBLADDER	74250	SMALL BOWEL SERIES
74176	ABDOMEN & PELVIS W/O CON	76831	HYSTEROSONOGRAPH	74240/74248	UGI W/SMALL BOWEL SERIES
74177	ABDOMEN & PELVIS W/CON ONLY	76506	INFANT BRAIN	74740	HSG
74178	ABDOMEN & PELVIS W+ W/O CON	76885	INFANT HIP	74415	IVP W/TOMOGRAPH
74150	ABDOMEN W/O	76800	INFANT SPINE		ARTHROGRAM
74160	ABDOMEN W	76705	LIVER		OTHER:
74170	ABDOMEN W+W/O	76705/93975	LIVER W/DOPPLER	CPT CODES	ROUTINE X-RAY'S
72192	PELVIS ONLY W/O	76801	OB< 14 WEEKS	71046	CHEST-PA/LAT 2 VIEWS
72193	PELVIS WITH CONTRAST ONLY	76805	OB> 14 WEEKS COMPLETE	74018	KUB
74176	RENAL STONE PROTOCOL	76810	OB MULTIPLE GESTATION (Must be ordered along with 76805)	72040	CERVICAL 2 VIEWS
71260	CHEST W/CON ONLY	76817	OB TRANSVAGINAL	72100	LUMBAR 2 VIEWS
71250	CHEST W/O	76856	PELVIC	74021	ABDOMINAL SERIES INCLUDING SUPINE, ERECT, AND/OR DECUBITUS
71250	HIGH RESOLUTION CHEST W/O	76830	TRANSVAGINAL/TRANSLABIAL		VIEWS, SINGLE VIEW CHEST
70450	BRAIN W/O	76872	PROSTATE		OTHER:
70470	BRAIN W+W/O			CPT CODES	SPECIAL PROCEDURES
					OTHER:





Modalities offered:

- | | |
|---------------------------|-------------------------------------|
| A MRI | I Fluoroscopy |
| B Large-Bore MRI* | J 3D Mammogram/Tomosynthesis |
| D CT Scan | K Breast Biopsy |
| E PET/CT | L DEXA Scan |
| F X-ray | M Breast MRI |
| G Ultrasound | N Lung Cancer Screening |
| H Nuclear Medicine | O Cardiac CT Scoring |

Schedule an Appointment.

Schedule online at memorialhermann.org/imaging

Imaging Centers: 877.704.8700 F: 713.512.6041

Memorial Hermann | Rockets Orthopedic Hospital Outpatient Imaging

Ph: 713.314.4131

F: 713.314.4156

Breast Care: Ph: 877.40.MAMMO F: 713.512.6041

Memorial Hermann Imaging and Breast Care Center
at Greater Heights Hospital

Ph: 713.867.3336 F: 713.867.4630

Memorial Hermann Imaging and Breast Care Center
at Southeast Hospital

Ph: 281.929.6485 F: 281.929.6340

CENTRAL

- Bellaire** **A B D F G J L M N**
6500 W. Loop S., Ste. 125, Bellaire, TX 77401
- Greater Heights** **A D E F G H**
1635 N. Loop W.
Houston, TX 77008
Breast Care Center
1635 N. Loop W., South Tower, Houston, TX 77008
- Memorial Hermann Convenient Care Center in Greater Heights** **B D F G M N**
1431 Studemont St., Houston, TX 77007
- Texas Medical Center** **A B D E F**
6400 Fannin, 16th Floor **G H J K L**
Houston, TX 77030 **M N O**
Breast Care Center
6400 Fannin, 16th Floor, Houston, TX 77030
- Upper Kirby** **B D F G I J L M**
2900 Richmond Ave., 1st Floor **N O**
Houston, TX 77098
- TIRR**** **D F G I L**
1333 Moursund St., Houston, TX 77030
P 713.797.5929 F 713.797.7703
- Memorial Hermann | Rockets Orthopedic Hospital** **B D F G I**
5410 W. Loop S., Bellaire, TX 77401

SOUTHWEST

- Memorial Hermann Convenient Care Center at Sienna** **D F G N O**
8780 Hwy. 6, Ste. B, Missouri City, TX 77459
- Southwest** **A B D E F G I J K L**
7789 Southwest Fwy., Ste. 150 **M N O**
Houston, TX 77074
Breast Care Center
7600 Beechnut, 1st Floor Pavilion
Houston, TX 77074

- Sugar Land** **A B D F G I J K L**
17510 W. Grand Pkwy. S., Ste. 100 **M N O**
Sugar Land, TX 77479
Breast Care Center
17510 W. Grand Pkwy. S., Ste. 120
Sugar Land, TX 77479

WEST

- Cy-Fair** **B D F G I J K L N O**
13114 FM 1960 W., Ste. 104, Houston, TX 77065
- Cypress** **B D F G I J K L M N**
27700 Hwy. 290, Ste. 120, Cypress, TX 77433
Breast Care Center
27700 Hwy. 290, Ste. 140, Cypress, TX 77433
- Hedwig Village** **A B F G I M**
9418 Gaylord Dr., Houston, TX 77024
- Katy** **A B D F G I J K L M N O**
23920 Katy Fwy., Ste. 120, Katy, TX 77494
Breast Care Center
23920 Katy Fwy., Ste. 120, Katy, TX 77494
- Katy Rehabilitation** **A D F G I N**
21720 Kingsland Blvd., Ste. 102, Katy, TX 77450
- Memorial City** **A B D E F**
925 Gessner, Ste. 200 **G H I J K**
Houston, TX 77024 **L M N O**
Breast Care Center
925 Gessner, Ste. 300, Houston, TX 77024
- Memorial Hermann Convenient Care Center in Katy** **D F G N**
22430 Grand Corner Dr., Ste. C1:20, Katy, TX 77494

SOUTHEAST

- Bayshore** **B D F G I J K L N**
11476 Space Center Blvd., Ste. 200
Houston, TX 77059
- Pearland** **B D F G I J K L M N**
10905 Memorial Hermann Dr., Ste. 104
Pearland, TX 77584

- Southeast** **A D E F G H I J K L M**
11800 Astoria Blvd., Houston, TX 77089 **N**
Breast Care Center
11800 Astoria Blvd., Houston, TX 77089

- Memorial Hermann Convenient Care Center in League City** **B D F G I J K L M N**
2555 Gulf Fwy. S., Ste. 200, League City, TX 77573
Breast Care Center
2555 Gulf Fwy. S., Ste. 300, League City, TX 77573

NORTH

- Memorial Hermann Convenient Care Center in Spring** **A D E F G J L N**
7474 N. Grand Pkwy. W., Spring, TX 77379
- Memorial Hermann Convenient Care Center in Summer Creek** **D F G N**
14201 E. Sam Houston Pkwy. N., Houston, TX 77044
- Northeast** **A B D E F G I J K L**
18955 N. Memorial Dr., Ste. 100 **M N O**
Humble, TX 77338
- The Woodlands** **A B D E F G I J**
9200 Pinecroft Dr., Ste. 100 **K L M N O**
The Woodlands, TX 77380
Breast Care Center
9200 Pinecroft Dr., Ste. 150
The Woodlands, TX 77380
- Memorial Hermann Convenient Care Center in Kingwood** **B D F G J L N**
4533 Kingwood Dr., Level 1, Ste. 200
Kingwood, TX 77345

*Weight limit 550 lbs. Ask about our mobile large-bore MRI.

** (TIRR) Lifts available for paraplegic and tetraplegic patients.

TIRR is a registered trademark of TIRR foundation

**MEMORIAL
HERMANN**
Imaging Center

4416329 (2/25) Map only