



**OHVI RiverBend Nuclear Medicine
Scheduling Request
Fax to: (541)222-8766**

Patient Name _____

DOB _____ Phone _____

Weight _____ lbs/kg Height _____

Ordering Physician _____

Physician Signature _____

Date _____ Time _____

Insurance _____

Prior Authorization needed? No Yes

PA# _____

Diagnosis / Reasons for Exam:

Updated 3/22/2022

	EXAM	CPT(s)	PROCEDURE CODE		EXAM	CPT(s)	PROCEDURE CODE
<input type="checkbox"/>	Bone limited area w/CT localization	78300 78830	RIS7024	<input type="checkbox"/>	Bone limited area	78300	RIS0399
<input type="checkbox"/>	Bone triple phase w/CT localization	78300 78830	RIS7024	<input type="checkbox"/>	Bone triple phase	78315	RIS0402
<input type="checkbox"/>	Bone whole body	78306	RIS0401	<input type="checkbox"/>	Bone multiple areas w/CT localization	78305 78832	RIS7028
<input type="checkbox"/>	Bone multiple areas	78305	RIS0400	<input type="checkbox"/>	Bone marrow w/CT localization	78102 78830	RIS7026
<input type="checkbox"/>	Brain SPECT (DaTscan)	78803	RIS4126	<input type="checkbox"/>	CSF leak detection	78650	RIS0457
<input type="checkbox"/>	CSF shunt patency	78645	RIS4133	<input type="checkbox"/>	Cisternogram	78630	RIS4131
<input type="checkbox"/>	Gastric emptying [] solid [] liquid	78264	RIS0388	<input type="checkbox"/>	GI bleed	78278	RIS4139
<input type="checkbox"/>	Hepatobiliary (cholecystitis, SOD, bile leak)	78226	RIS0381	<input type="checkbox"/>	Hepatobiliary w/ejection fraction	78227	RIS2430
<input type="checkbox"/>	Liver-spleen	78216	RIS0375	<input type="checkbox"/>	Hemangioma (liver)	78830	RIS6949
<input type="checkbox"/>	Lung perfusion only w/CT localization	78580 78830	RIS2438	<input type="checkbox"/>	Lung ventilation/perfusion (V/Q)	78582	RIS0435
<input type="checkbox"/>	Lung Quant perfusion w/CT localization	78597 78830	RIS7032	<input type="checkbox"/>	Amyloidosis (cardiac)	79445 78830	RIS6959
<input type="checkbox"/>	Renal flow/function (no Lasix) [] GFR only	78707	RIS0463	<input type="checkbox"/>	Renal flow/function (with Lasix)	78708	RIS0464
<input type="checkbox"/>	Parathyroid w/CT localization	78072	RIS6796	<input type="checkbox"/>	Meckel's	78290	RIS0396
<input type="checkbox"/>	MUGA - gated blood pool	78494	RIS0430	<input type="checkbox"/>	MIBG (endocrine)	78075	RIS2419



PeaceHealth
Sacred Heart
Medical Center

Oregon Heart &
Vascular Institute

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<input type="checkbox"/>	Thyroid cancer whole body (w/uptake)	78018 78020	RIS0350	<input type="checkbox"/>	Thyroid uptake and scan	78014	RIS4196
<input type="checkbox"/>	Tumor/abscess/FUO w/CT localization	78832	RIS7028	<input type="checkbox"/>	Tumor/abscess/FUO whole body	78804	RIS0476
<input type="checkbox"/>	Tumor/abscess/FUO limited	78800	RIS0474	<input type="checkbox"/>	WBC whole body	78802	RIS4222
<input type="checkbox"/>	WBC whole body w/CT localization	78830	RIS7031	<input type="checkbox"/>	WBC limited w/CT localization	78830	RIS7030
<input type="checkbox"/>	WBC limited	78800	RIS4221	<input type="checkbox"/>	CT diagnostic pelvis	72192	RIS3251
<input type="checkbox"/>	CT diagnostic cervical spine	72125	RIS2427	<input type="checkbox"/>	CT diagnostic thoracic spine	72128	RIS6820
<input type="checkbox"/>	CT diagnostic lumbar spine	72131	RIS3250	<input type="checkbox"/>	CT diagnostic thorax	71250	RIS2429
<input type="checkbox"/>	CT diagnostic lower extremity [] right [] left	73700		<input type="checkbox"/>	CT diagnostic upper extremity [] right [] left	73200	
<input type="checkbox"/>	Myocardial perfusion imaging: Exercise _____						
<input type="checkbox"/>	Myocardial perfusion imaging: Pharmacologic _____ [] Lexiscan [] Dobutamine						
<input type="checkbox"/>	Myocardial viability imaging						
<input type="checkbox"/>	Therapies:						
<input type="checkbox"/>	[] Thyroid cancer ablation with Thyrogen []			[] Hyperthyroid			
<input type="checkbox"/>	Other exam (please specify) :						