

Department of Radiology
MSU Clinical Center, Ste A204 (2nd Floor)
804 Service Rd, East Lansing, MI 48824

Tax ID 386005984
NPI 1891747614

Patient Name _____ DOB _____ Phone _____
Diagnosis/ICD Code(s) _____
Reason for Test or Referral/Signs & Symptoms _____
 Male Female Weight _____ Precertification Number _____


Please fax Referral Form with the following:

- Most recent History & Physical
- Most recent progress note(s)
- Relevant pathology report(s)
- Insurance card(s)—front & back
- Relevant radiology report(s)—not from MSU

<p>BIOPSIES CPT CODES*</p> <p><input type="checkbox"/> Lymph Node (core) 38505</p> <p><input type="checkbox"/> Muscle Biopsy 20206</p> <p style="text-align: right;">US-guided addt'l code: 76942</p> <p>INJECTION ANESTHESIS EPIDURAL</p> <p><input type="checkbox"/> Cervical/Thoracic-Single 62310</p> <p><input type="checkbox"/> Lumbar-Single 62311</p> <p><input type="checkbox"/> SI Joint Injection 27096</p> <p><input type="checkbox"/> Blood Patch 62273</p> <p>INJECTION ANESTHESIS FACET JOINT</p> <p><input type="checkbox"/> Cervical/Thoracic: Single 64490</p> <p><input type="checkbox"/> Cervical/Thoracic: 2nd 64491</p> <p><input type="checkbox"/> Cervical/Thoracic: 3 or more 64492</p> <p><input type="checkbox"/> Lumbar/Sacral: Single 64493</p> <p><input type="checkbox"/> Lumbar/Sacral: 2nd 64494</p> <p><input type="checkbox"/> Lumbar/Sacral: 3 or more 64495</p>	<p>MSK INJECTION CPT CODES*</p> <p><input type="checkbox"/> Bursagram FL-guided 77002</p> <p style="text-align: right;">Sm joint: 20600, Med joint: 20605, Lg joint: 20610</p> <p>Area(s): _____</p> <p><input type="checkbox"/> Intra-Articular Injection (HP) 20610, 77002</p> <p>Area(s): _____</p> <p><input type="checkbox"/> Platelet Rich Plasma (PRP) Injection 0232T</p> <p><input type="checkbox"/> Tendon Sheath Injection/Ligament 20550</p> <p><input type="checkbox"/> Trigger Point Injection/Dry Needling 20551</p> <p style="text-align: right;">US-guided addt'l code: 76942</p> <p>NEUROLOGICAL EXAMS</p> <p><input type="checkbox"/> Lumbar Puncture (LP) 77003, 62270</p> <p>NERVE BLOCK</p> <p><input type="checkbox"/> Nerve Block 1st level L/S Spine 64483</p> <p style="text-align: right;">Level(s): _____</p> <p><input type="checkbox"/> Nerve Block addt'l level L/S Spine 64484</p> <p style="text-align: right;">Level(s): _____</p>
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** Additional CPT Code(s) for procedure method will be determined by Radiologist.*

Referring Physician/Provider Information

Signature or stamp  _____ Form filled out by _____
Print Name _____ Office Phone _____
Office Fax _____