



Cardiovascular Magnetic Resonance Imaging Program
Weill Cornell Imaging at New York Presbyterian Hospital

520 East 70th Street, New York, NY 10021 – Phone 646-962-3355; Fax 212-746-8561

STEP 1: SELECT TEST

- Cardiac** magnetic resonance imaging with and without contrast
 - function, valvular flow, myocardial viability/tissue characterization [CPT 75561]
- Cardiac** magnetic resonance imaging with contrast + **Adenosine Perfusion**
 - function, valvular flow, myocardial viability/tissue characterization, stress perfusion [CPT 75563]
- Chest** magnetic resonance angiography with contrast
 - aorta, pulmonary artery, pulmonary vein anatomy [CPT 71555]

STEP 2: PHYSICIAN INFO

Referring Physician	
Physician NPI #	Physician Address
Physician Phone #	Physician Fax #

STEP 3: PATIENT INFO

Patient Name (last, first)		
Patient Phone #	Patient Address	
Date of Birth	Medical Record #	Primary Insurance Carrier
Insurance ID #	Pre-authorization required? <input type="checkbox"/> no <input type="checkbox"/> yes → if yes, authorization #	

STEP 4: CLINICAL INFO

Last Creatinine and Date	Metallic Implants? <input type="checkbox"/> Pacemaker/Defibrillator <input type="checkbox"/> Metallic Implant (specify): _____
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Clinical History (in words; important for insurance pre-authorization)

Diagnosis Code (please select one of the common covered codes listed below):

Cardiac magnetic resonance imaging

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|---|---|---|
| <input type="checkbox"/> Acute myocardial infarction 410.90 | <input type="checkbox"/> Disease of pericardium 423.9 | <input type="checkbox"/> Paroxysmal ventricular tachycardia 427.1 |
| <input type="checkbox"/> Old Myocardial Infarction 412 | <input type="checkbox"/> Congestive heart failure 428.0 | <input type="checkbox"/> Thoracic aneurysm 441.2 |
| <input type="checkbox"/> Unspecified angina pectoris 413.9 | <input type="checkbox"/> Mitral valve disorders, 424.0 | <input type="checkbox"/> Aortic valve disorders, 424.1 |
| <input type="checkbox"/> Primary cardiomyopathy, 425.4 | <input type="checkbox"/> Secondary cardiomyopathy, 425.9 | <input type="checkbox"/> Malignant neoplasm of heart, 161.4 |
| <input type="checkbox"/> Ventricular septal defect, 745.4 | <input type="checkbox"/> Secundum atrial septal defect, 745.5 | <input type="checkbox"/> Other _____ |

Chest magnetic resonance imaging

- | | |
|--|---|
| <input type="checkbox"/> Aortic aneurysm and dissection 441.01 | <input type="checkbox"/> Thoracic aneurysm without mention of rupture 441.2 |
| <input type="checkbox"/> Acute pulmonary heart disease 415.0 | <input type="checkbox"/> Chronic pulmonary heart disease 416.8 |

STEP 5: PHYSICIAN SIGNATURE: