

Selecting the correct exam from the start is crucial for obtaining the answers you need - and it benefits everyone involved, including the patient, the referring office, and IMI.



You can conveniently place an order with IMI using various methods, including your interface, EMR, print and fax, walk-in (limited to x-ray orders only!), or our dedicated IMI ordering portal. *For this educational exercise, we will utilize screenshots from the IMI ordering portal.*

www.aboutimi.com/providers/my-imi-online/

DEMOGRAPHICS

- a Provide insurance information to expedite scheduling by allowing the IMI team to determine if authorization is necessary, enabling prompt scheduling if not required.
- b When required, ensure pre-authorization is included in order to avoid delays in patient care, as we cannot proceed with the workup without it. Not including this information may result in rescheduling.

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Patient Info:

First Name: TEST Middle Name: Last Name: ALEXANDER Suffix: Date of Birth: 08/12/1969 Gender: Male

Address: Address 2: City State Zip

Schedule with Patient Advocate

Primary Phone: (###) ###-####

Primary Insurance Secondary Insurance Self Pay Work Comp MVA

Primary Insurance Plan: Insurance Phone: (###) ###-#### Policy #: Group #: Prior Auth #: Relationship to Insured:

Attach Files (labs, relevant chart notes, H&P, prior imaging reports)

- c Always include the patient's preferred contact number for swift scheduling communication.

- 3 **MODALITY** Determine the most suitable modality for the exam. We encourage you to contact us with any questions.

Exam Selection

Mammography CT MRI Fluoroscopy Ultrasound X-Ray

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ULTRASOUND (US) SCANS
Exam Reference / Protocol Guidelines

For more information on ultrasound and other radiologic exams, please consult the American College of Radiology's ACR Appropriateness Criteria® document found at ACR.org

INTERMOUNTAIN MEDICAL IMAGING
SCHEDULED (2025) 954-9150 | TEL (2025) 943-3333
WWW.ABOUTIMI.COM

SOFT TISSUE CODES

Anatomic Region	CPT Code	XRA Code	DR Exam Description	Explanation
NECK/THYROID	76705	85299	US soft tissue, head/neck	Soft tissue mass, fluid collection
UPPER EXTREMITY	76982	86421	US extremity nonvascular, limited	
AVAILA	76982	86423	US extremity nonvascular, limited	
CHEST WALL	76904-52	85301	US chest	
UPPER BACK	76904-52	85301	US chest	
LOWER BACK	76705	85307	US abdomen, limited	
ABDOMINAL WALL	76705	85307	US abdomen, limited	A hernia into the abdominal wall would be reported as a US abdomen, limited code 76705. A hernia into the lower abdominal (pelvic) wall below the level of the iliac crests would be reported as a US pelvic, limited code 76922.
PELVIC WALL	76957	85347	US pelvic, limited	
BUTTOCKS	76957	85347	US pelvic, limited	
ORON	76982	86423	US extremity nonvascular, limited	
PERINEUM	76957	85347	US pelvic, limited	
LOWER EXTREMITY	76982	86423	US extremity nonvascular, limited	
OTHER SOFT TISSUE AREAS	76999	86289	US, unlimited procedure	

Ultrasound CPT Code Sheet

EXAM SELECTION

Our modality cheat sheets (*MRI, CT and Ultrasound*) are designed to assist you in choosing the appropriate exam for your patient, and our subject matter experts are available to provide confirmation and support when needed. Rest assured, we are here to assist you every step of the way!

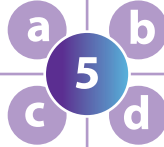


www.aboutimi.com/providers/provider-resources/

CONTRAST SELECTION

Accurate order information is crucial in the imaging field to ensure the best-suited exam for the patient and indicated conditions, reducing frustration for both the office and radiologist.

When ordering an MRI or CT, including "W & WO" (with and without) and noting "PRN" (as needed) in the order facilitates the radiologists' ability to administer contrast when necessary.



For instance, in an MRI order, including "W & W/O" is vital as we often require both contrast-enhanced and comparison images; failing to include this may result in a need for a corrected order.

Rest assured, our subject matter experts are available to address any inquiries or provide guidance whenever needed.

MRI

<p>Head & Neck</p> <p><input checked="" type="checkbox"/> Brain</p> <p><input type="radio"/> PRN Contrast (per radiologist discretion)</p> <p><input type="radio"/> without contrast</p> <p><input type="radio"/> with contrast</p> <p><input type="radio"/> with & without contrast</p>	<p>Abdomen & Pelvis</p> <p><input checked="" type="checkbox"/> Abdomen</p> <p><input type="radio"/> PRN Contrast (per radiologist discretion)</p> <p><input type="radio"/> without contrast</p> <p><input type="radio"/> with & without contrast</p> <p><input type="checkbox"/> Abdomen with MRCP</p>
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INDICATIONS

a To ensure the most accurate interpretation, please include an ICD-10 code and provide comprehensive clinical indications with specific details.

b For instance, when indicating abdominal pain, specify its location. Similarly, for foot pain, specify the specific area, as it may influence the imaging approach.

c To enhance the diagnostic process, please include any relevant information such as pertinent labs, chart notes, or prior imaging reports related to the specific body part within the past five years. The more information we have, the better we can serve you.

Clinical Information

ICD-10 Codes (required)

Clinical Indications/Rule Out

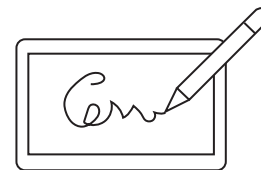
Special Scanning/Scheduling Instructions

Please check box if patient had prior imaging of this body part/condition at a facility other than IMI and indicate below



SIGNATURE REQUIREMENTS

Please ensure that the order includes the ordering provider's physical or electronic signature along with a date and time stamp.



If you have any questions, our team of subject matter experts is readily available and eager to assist you.



**INTERMOUNTAIN
MEDICAL IMAGING**

MRI: MRIhelp@imirad.com or 208-991-5221

CT: CThelp@imirad.com or 208-991-5222

SPECIALS: Specialshelp@imirad.com or 208-991-5223

US: UShelp@imirad.com or 208-991-5224