



NeoVista® Thoracic Outlet Syndrome MRI Imaging Referral

Patient Name: _____ DOB: _____

Patient Phone: _____ Email: _____

Check this box to order a NeoVista® Thoracic Outlet Syndrome MRI:

- ICD-10 Code: G54.0
- Diagnosis: “Brachial plexus disorder” or “Thoracic outlet syndrome”
- Examination: “Bilateral upper extremity MRI, MRA and MRV without and with contrast”

Please submit pertinent clinical history or progress note.

Each NeoVista® examination includes the following CPT codes:

- 73218 (bilateral): Upper extremity non-joint MRI
- 73225 (bilateral): Upper extremity MRA/MRV
- 72141: MRI cervical spine
- A9579: Gadolinium-based contrast agent

Patients with prior TOS surgery:

- CPT code 73220 replaces 73218 on one or both sides

Patient has had prior TOS surgery on:

- Right side
- Left side

Physician Signature: _____ Date: _____

FAX to 408-827-9017