**SECTION 1. MEMBER DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Patient Name (First, Last):</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID:</td>
<td>Group #:</td>
</tr>
<tr>
<td>Health Plan:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2. ORDERING PROVIDER INFORMATION**

<table>
<thead>
<tr>
<th>Physician Name (First, Last):</th>
<th>NPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 3. FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Tax ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Date of Service:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 4. EXAM REQUEST**

- CT
- MRI
- CTA
- MRA

**ICD Diagnosis Code(s):**

**Description:**

**CPT Code(s):**

**Description:**

Date of first office visit for this condition with any provider:

Date of most recent office visit for this condition with any provider:

**SECTION 5. SELECT APPLICABLE BODY REGION AND CHECK REASON(S) FOR STUDY (CHECK ALL THAT APPLY)**

- **ABDOMINAL/ PELVIS**

  - Abd/Pelvis Combination Study
  - Chronic Pain (more than 48 hours)
  - Abdominal/Pelvic Trauma
  - Anemia
  - Fever of Unknown Origin [FUO]
  - Ascites
  - Prostate Neoplasm
  - Pre- or post-OP evaluation
  - Lower extremity edema
  - Significant weight loss (10% of body weight over 6 months or less)
  - Transplant
  - Kidney/Urethral Obstruction or Calculus
  - Jaundice, Abnormal Liver Function Tests
  - Endometrial Abnormality
  - Staging (malignancy)
  - Suspected Aneurysm/Dissection/AVM
  - MRCP
  - Other (describe):

- **SPINE**

  - Neurological Deficits
  - Trauma or recent injury
  - Known or suspected tumor on bone scan or x-ray
  - Persistent Pain
  - Unilateral Muscle wasting
  - Radiculopathy
  - Pre- or post-OP Evaluation
  - Possible Fracture
  - Suspected Multiple Sclerosis (not applicable for CT or for CT or MRI of lumbar region)
  - Other (describe):

**PRIOR /CURRENT TREATMENT(S)**

- Check One (Prior Treatment)
- Check all treatments that apply

<table>
<thead>
<tr>
<th>No Prior Treatment</th>
<th>NSAIDS</th>
<th>Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–5 weeks of treatment</td>
<td>Spine Injections</td>
<td>Chiropractic Treatment</td>
</tr>
<tr>
<td>6 or more weeks of treatment</td>
<td>Home Exercise Program</td>
<td>Oral Steroid</td>
</tr>
</tbody>
</table>

**BREAST MRI DIAGNOSTIC**

- Abnormal/inconclusive mammogram or ultrasound
- Evaluate extent of invasive cancer
- Evaluation axillary node metastasis
- Dense breast tissue
- Evaluation of symptomatic patients with breast implants, for detection of implant rupture
- Positive Margins Post-OP
- 6 months follow up abnormal MRI (birads3)

**BREAST MRI SCREENING**

- Suspected Recurrence of Breast Cancer
- Mass evaluation post surgery
- Evaluate extent of invasive cancer
- Evaluation axillary node metastasis
- Dense breast tissue
- Positive Margins Post-OP
- 6 months follow up abnormal MRI (birads3)

(continued on next page)
### REQUEST FOR ANNUAL SCREENING FOR BREAST CANCER (If yes, check reason(s) below)

- Lifetime risk 20% or greater as defined by BRACA1 and BRACA2 mutation
- History of lobular or ductal carcinoma in situ on biopsy
- Li-Fraumeni Syndrome, Cowden Syndrome
- Radiation therapy to chest between ages 10–30
- Bannayan-Riley-Ruvalcaba Syndrome

### BRAIN/HEAD

- Known or suspected tumor/mass or metastasis
- Recent significant head trauma
- Known or suspected stroke
- Brain infection or abscess
- Abnormal neurological exam
- New onset of seizures
- Pre- or post-OP evaluation
- Suspected Multiple Sclerosis (not for CT)
- Follow up treatment (surgery/chemotherapy/radiation)
- Breakthrough seizures
- Vascular abnormalities (AVM, Aneurysm, Dissection Stenosis, Obstruction)
- Suspected acoustic neuroma
- Suspected pituitary adenoma and elevated prolactin (>20 ng/ml)

#### New Headache:
- With fever
- With exertion
- On awakening
- Focal neurological findings
- Worst headache of life (thunderclap)

#### Chronic Headache:
- New neurological findings
- New syncope
- New mental status changes

### CHEST

- Chest wall or pleural mass
- Follow up trauma
- Significant Hemoptysis
- Persistent unexplained wheeze
- Lesion on chest x-ray suggestive of malignancy or metastatic disease
- Standard staging or post therapy follow-up for patient with a pathologically proven malignancy
- Suspected vascular abnormality, aneurysm, AVM, congenital anomaly
- Suspected Pulmonary Embolus
- Persistent infiltrate/pneumonia despite 4–6 weeks antibiotic therapy
- Suspected/know asbestosis or other pneumoconiosis
- Chest x-ray results:
  - Normal
  - Abnormal
  - Not performed in past 2 months
- Pre- or post-OP evaluation
- Mediastinal mass
- Screening for lung nodules
- Lung abscess or inflammatory process
- Chest x-ray or PFT suggestive of pulmonary fibrosis
- Signs or symptom suggestive of lung cancer (unintentional weight loss, anemia, paraneoplastic syndrome, etc.)

### SINUS, FACE, NECK, ORBIT

- Sinusitis
  - Acute (less than 3 months)
  - Chronic (more than 3 months)
  - Recurrent — (4 or more episodes/yr)
- Sinusitis Treatment
  - No antibiotic treatment
  - Failure single course antibiotics
  - Failure 2 or more courses antibiotics
- Pre- or post-OP evaluation
- Salivary gland mass or stone
- Suspected thyroid mass
- Possible infection or abscess
- Immunocompromised patient or fungal infection warranting MR

### UPPER/LOWER EXTREMITIES

- Recent trauma
- Palpable soft tissue mass
- Joint locking
- Joint infection/inflammation
- Avascular/Aseptic Necrosis
- Charcot joint
- Ligament, tendon, or fibrocartilage tear
- Pre- or post-OP evaluation
- Soft tissue abscess
- Tarsal coalition (foot)
- Requested as part of arthrogram
- Meniscal or labral tear
- Abnormal plain film, bone scan, or ultrasound
- Rotator cuff tear (shoulder)
- Known or suspected tumor, metastasis
- Fracture evaluation
- Suspected vascular abnormality (aneurysm, dissection, thromboembolic disease, A-V malformation or fistula vasculitis, ischemia, pre or post op, venous thrombosis)

### PERSISTENT PAIN AND/OR DISABILITY (IF YES, CHECK REASON(S) BELOW)

- Prior Treatment (Check One)
  - No prior treatment
  - 3–5 weeks of treatment
  - 6 or more weeks of treatment
- Check all treatments that apply.
  - NSAIDS
  - Splinting/brace/sling
  - Home exercise program
  - Physical therapy
  - Chiropractic treatment
  - Oral/Intra-articular Steroids

### SECTION 6. DOCUMENT EXAM FINDINGS, PRIOR TESTS, RESULTS, AND DATES

(INCLUDE TREATMENT DESCRIPTION FOR CONSERVATIVE THERAPY DURATION, PRIOR IMAGING, AND ANY TRAUMA HISTORY)

Providers should consult the health plan’s coverage policies, member benefits, and medical necessity guidelines to complete this form.

Providers may attach any additional data relevant to medical necessity criteria.