



**RADIOLOGY REVIEW TOOL**  
**Prior Justification for Outpatient Elective Imaging Studies**  
*Fax this form to (585) 327-2275 or*  
*call (585)325-3114 or (800)999-3920 Professional Relations Service Center (PRSC)*

<b>Date of Request:</b>		<b>Appointment Date:</b>	
<b>Patient/Member Information</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>ID Number:</b>		<b>DOB:</b>	
<b>Other Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please check one)</i>		<b>If yes, please indicate:</b> <input type="checkbox"/> No-Fault <input type="checkbox"/> Workers Comp <input type="checkbox"/> Other: _____	
		<b>Date of Injury:</b>	
<b>Ordering Provider Information</b>			
<b>Name : Ordering Provider (Please Print)</b>		<b>Prov. ID#:</b>	
		<b>Fax:</b>	
<b>Office Phone Number:</b>			
<b>Procedure Information</b>			
<b>Name of Facility Performing Study:</b>			
<b>Diagnosis:</b>		<b>ICD9 Code:</b>	

REQUESTED IMAGING STUDY: (Please circle)		
CT SINUS	MRI ORBIT/FACE/NECK	MRA HEAD
CT CERVICAL SPINE	MRI CERVICAL SPINE	MYOCARDIAL PERFUSION
CT LUMBAR SPINE	MRI LUMBAR SPINE	
	MRI LOWER EXTREMITY w/JOINT	
	MRI ABDOMEN	

**DIRECTIONS:** To obtain Prior Justification for Imaging Studies, ordering providers may elect to complete this review tool or call the PRSC for potential auto approval.

- Complete patient/member, ordering physician, and procedure information.
- Select the imaging study the patient requires. Identification of the specific imaging CPT code is not required.
- Complete the clinical documentation section and fax completed radiology review tool to: (585) 327-2275

**Authorizations are valid for 90 days following the date of approval.**

**Weekends and Holidays**  
 Unplanned requests may be called in to (585) 327-5775 or Fax review tool to (585) 258-8080

**Pertinent Clinical Documentation:** (See back: Clinical Information Guide)  
 Clinical Indications/patient symptoms and/or risk factors:

Physical exam findings:

Conservative therapy attempted (include dates):

Medication history, pertinent lab work; results previous imaging studies and EKGs/Stress Tests (date of last SPECT scan):

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Prior Justification for Outpatient Imaging Studies

To obtain Prior Justification, submit office notes or fax completed radiology review tool to (585) 327-2275.

**Note:** The prior justification requirement does not apply to urgent/emergent or inpatient

**ANY QUESTIONS?** Contact the Professional Relations Service Center at (585) 325-3114, option 2 or toll free at (800) 999-3920. TTY users may call (585) 325-2629 or (800) 252-2452.

<b>Imaging Studies Requiring Prior Justification:</b>			
<b>Computerized Axial Tomography (CT)</b>			
<b>Sinus (maxillofacial)</b>	70486	70487	70488
<b>Cervical Spine</b>	72125	72126	72127
<b>Lumbar Spine</b>	72131	72132	72133
<b>Magnetic Resonance Imaging (MRI)</b>			
<b>Orbit/Face/Neck</b>	70540	70542	70543
<b>Cervical Spine</b>	72141	72142	72156
<b>Lumbar Spine</b>	72148	72149	72158
<b>Lower Extremity w/Joint</b>	73721	73722	73723
<b>Abdomen</b>	74181	74182	74183
<b>Magnetic Resonance Angiography (MRA)</b>			
<b>Head</b>	70544	70545	70546
<b>Myocardial Perfusion Imaging Tomographic (SPECT)</b>			
<b>Nuclear Cardiovascular Stress Test</b>	78465		

**Clinical Information Guide:** Review Criteria - InterQual Imaging Criteria by McKesson

**CT Sinus:**

- Acute/chronic sinusitis
- Number of episodes/infections
- Physical exam findings
- Antibiotic treatment history including duration and date of last treatment
- Pertinent lab work
- Results of previous imaging studies conducted

**CT or MRI Cervical/Lumbar**

- Patient symptoms: duration, severity, trauma
- Neurological findings on physical exam
- Conservative treatment: physical therapy and/or chiropractic (include duration)
- Medications: drug name and duration of treatment
- Pertinent lab work
- Results of previous imaging studies conducted

**MRI Orbit/Face/Neck**

- Patient symptoms: pain, swelling, duration, severity
- Number of episodes/infections – ears, nose
- Medication treatment history
- Pertinent lab work
- Results of previous imaging studies conducted

**Myocardial Perfusion Imaging Tomographic**

- CAD risk
- ECG abnormalities
- Hx of prior + stress test and/or CAD event
- Risk stratification prior to major surgery
- Ability of patient to exercise
- Response to reperfusion procedure

**MRA Head**

- Screening – family history
- Patient symptoms: weakness, numbness, impairment, any trauma
- Mental status changes
- Neurological findings on exam
- Pertinent lab work
- Results of previous imaging studies conducted

**MRI Lower Extremity w/Joint**

- Stable/unstable knee
- Note any trauma or any palpable mass (size)
- Patient symptoms: pain, swelling, tenderness, locking or giving out
- Conservative treatment: physical therapy and medications (include duration)
- Pertinent lab work
- Results of previous imaging studies conducted

**MRI Abdomen**

- Patient symptoms: pain, nausea, vomiting
- Pertinent lab work
- Results of previous imaging studies conducted.