CLEAR FORM

CT/CTA/MRI/MRA PRIOR AUTHORIZATION FORM

SECTION 1. MEMBER DEMOGRAPHICS

Patient Name (First, Last):		DOB:
Health Plan:	Member ID:	Group #:

SECTION 2. ORDERING PROVIDER INFORMATION

Physician Name (First, Last):		
Primary Specialty:	NPI:	Tax ID:
Phone #:	Fax #:	Contact Name:

SECTION 3. FACILITY INFORMATION

Facility Name:	Facility Tax ID:	NPI:	
Address:	City:	State:	Zip:
Phone #:	Fax #:	Date of Service:	

SECTION 4. EXAM REQUEST

☐ CT ☐ MRI ☐ CTA ☐ MRA

CPT Code(s):

Description:

ICD Diagnosis 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 ☐ Yes ☐ No

- ☐ Acute Pain (less than 48 hrs)
- ☐ Hematuria
- ☐ Inflammatory Bowel Disease consistent with Appendicitis, Diverticulitis, or Abscess
- ☐ Suspected Hemochromatosis
- ☐ Abdominal or Pelvic Mass
- ☐ Suspected Vascular Disease, Mesenteric Ischemia
- ☐ Suspected Renal Artery Stenosis
- ☐ Hernia
- ☐ Pancreatic or adrenal mass seen on other imaging
- ☐ 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
- ☐ Lower extremity claudication
- ☐ Suspected abnormality of pelvic bones or muscular structures
- ☐ Pelvic Floor Dysfunction
- ☐ Other (describe): _____

☐ SPINE

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

PRIOR /CURRENT TREATMENT(S)

Check One (Prior Treatment)

- ☐ No Prior Treatment
- ☐ 3–5 weeks of treatment
- ☐ 6 or more weeks of treatment

Check all treatments that apply

- ☐ NSAIDS
- ☐ Spine Injections
- ☐ Home Exercise Program
- ☐ Physical Therapy
- ☐ Chiropractic Treatment
- ☐ Oral Steroid

☐ BREAST MRI DIAGNOSTIC ☐ BREAST MRI SCREENING

- ☐ Abnormal/inconclusive mammogram or ultrasound
- ☐ Suspected Recurrence of Breast Cancer
- ☐ Mass evaluation post surgery
- ☐ 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)

(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 BRACA PRO or other models
- ☐ *BRCA1* and *BRCA2* 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-Ruvucaba 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
- ☐ Congenital Heart Disease
- ☐ Acquired Pediatric Heart Disease
- ☐ Suspected vascular abnormality, aneurysm, AVM, congenital anomaly
- ☐ Suspected Pulmonary Embolus
- ☐ Persistent infiltrate/pneumonia despite 4–6 weeks antibiotic therapy
- ☐ Suspected/known asbestostis 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.)
- ☐ Other (describe): _____

☐ SINUS, FACE, NECK, ORBIT

- ☐ Follow up — Trauma
- ☐ Painful swallowing
- ☐ Staging of malignancy
- ☐ Known or suspected tumor (Palpable Neck Mass)
- ☐ Vascular abnormalities (AVM Aneurysm Dissection Stenosis, Obstruction)
- ☐ Pre- or post-OP evaluation
- ☐ Salivary gland mass or stone
- ☐ Suspected thyroid mass
- ☐ Possible infection or abscess
- ☐ Immunocompromised patient or fungal infection warranting MR

☐ **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

☐ Other (describe): _____

☐ 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 (feet)
- ☐ 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)
- ☐ Other (describe): _____

Upper/Lower Extremities X-Ray Results: ☐ Normal ☐ Abnormal ☐ Not performed ☐ Not performed in the past 2 months

☐ 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.