

MRI PRIOR AUTHORIZATION FAX REQUEST FORM

Specific for MRI of the Spine (Cervical through Lumbar)
CPT codes 72141 through 72158



FAX TO CARECORE NATIONAL @ 800-540-2406

Please also use this form as a "guide" for phone and web authorizations

**PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED COMPLETELY
FAILURE TO DO SO MAY DELAY THE DETERMINATION OF YOUR REQUEST**

Patient Name _____ DOB _____
Insurance Plan _____ Subscriber ID _____
Referring Physician _____ Specialty _____
Physician Address _____ City _____ State _____
Physician Fax # (_____) _____ Phone # (_____) _____
Date of Request _____ Contact Person _____
Imaging Facility Name _____ Site Phone # (_____) _____
Site Address _____ City _____ State _____
Physician Fax # (_____) _____
Test Requested _____ CPT Code _____

What is the working diagnosis? _____ Rule out diagnosis? _____

Red Flags If no Red Flags present, documentation of previous conservative treatment is required

- History of malignancy
 - Suspicion of malignancy
 - Unexplained weight loss
 - Urinary Tract infections
 - Pain increased at rest
 - Bladder and bowel dysfunction
 - Immunosuppression
 - Infection (*suspected osteomyelitis, preoperative evaluation of osteomyelitis, epidural abscess or disc space infection*)
 - Neurological Compromise
 - Trauma (*please specify type and date*) _____
- IV Drug use
 - Saddle anesthesia
 - Abnormal CBC, Sed Rate
 - Major motor weakness of a limb
 - Fever

Past Medical History (Check all that apply)

- | | | |
|---|-----|----|
| <input type="checkbox"/> History of prior spinal procedure: <i>note type and date</i> _____ | Yes | No |
| <input type="checkbox"/> History of diabetes, dialysis or peripheral vascular disease | Yes | No |
| <input type="checkbox"/> Possible unstable spinal fracture by x-ray Is the patient over age 50 or under age 20 | Yes | No |
| <input type="checkbox"/> Pacemaker | | |
| <input type="checkbox"/> Implants | | |
| <input type="checkbox"/> Metal in eyes | | |
| <input type="checkbox"/> Cerebral aneurysm clips | | |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | | |

