

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Last First MI  
 Patient Insurance: \_\_\_\_\_ Authorization#: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_  
 Medical Necessity (Required): \_\_\_\_\_

(Must include pertinent clinical history. "Rule out or suspected" diagnosis alone is not sufficient.)

For appropriate use criteria information see the reference attached: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11268.pdf>. For external clinical support decision mechanism: <https://qcdsm.nationaldecisionsupport.com/>

### PET/CT

- Brain PET/CT
- Cardiac Viability PET/CT
- Oncology PET/CT
- Neuroendocrine PET/CT
- Prostate PET/CT

### Appropriate Use Criteria

#### Required for MRI, CT, and PET

Session ID: \_\_\_\_\_  
 Score: \_\_\_\_\_  
 Adherence:  Yes  No  
 G Code: \_\_\_\_\_  
 Modifier: \_\_\_\_\_

#### Required for MRI, CT, and PET

Session ID: \_\_\_\_\_  
 Score: \_\_\_\_\_  
 Adherence:  Yes  No  
 G Code: \_\_\_\_\_  
 Modifier: \_\_\_\_\_

### Breast Imaging Studies

If your patient is due for annual screening, both breasts will be imaged.

**Screening Mammogram**  
 (No symptoms)

**Diagnostic Mammogram**  
 (Ultrasound, Biopsy & Pathology as Needed)  
 Left  Right  Bilateral

Clinical Finding: \_\_\_\_\_  
 Add Views - abnormal mammo  
 6 Month Follow-up

**Breast Ultrasound**  
 (Mammogram, Biopsy & Pathology as Needed)  
 Left  Right  Bilateral

### Breast Biopsy / Localization

**Breast Biopsy (US or Stereo)**  
 (Pathology as Needed)  
 Left  Right  Bilateral

**Needle Localization**  
 Seed or  Wire  
 Left  Right  Bilateral

**Cyst Aspiration** (Labs as needed)  
 Left  Right  Bilateral

**Ductogram**  
 Left  Right  Bilateral

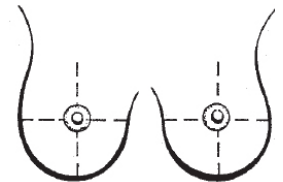
### Targeted Studies

#### Following abnormal breast MRI:

**Targeted Breast Ultrasound**  
 (Mammogram, Biopsy & Pathology as Needed)  
 Left  Right  Bilateral

**Target Breast Additional Views**  
 (Ultrasound, Biopsy & Pathology as Needed)  
 Left  Right  Bilateral

### Area of Concern



### CT

#### I.V. CONTRAST

WITH  WITHOUT

- Head
- Soft Tissue Neck
- Sinus
- Chest
- Lung Cancer Screening
- PE Study (Chest CTA)
- High Resolution Chest
- Abdomen/Pelvis
- Renal Stone
- Appendicitis
- Abdomen
- Pancreas
- Pelvis

Extremity RT LT \_\_\_\_\_  
 specify: \_\_\_\_\_

CT Spine w/o contrast  
 CSP  TSP  LSP

CT w/ Intrathecal contrast  
 CSP  TSP  LSP

- CT Enterography
- CT Urogram
- CT Arthrogram
- Area \_\_\_\_\_

#### -----CTA-----

- Brain (Circle of Willis)
- Carotid
- Renal
- Runoff
- Chest
- Abdomen
- Pelvis
- Pre-op AAA Stent
- Post-op AAA Stent

Other \_\_\_\_\_

### DEXA Bone Densitometry

DEXA (Osteoporosis Evaluation)

### MRI

#### I.V. CONTRAST

WITHOUT  
 WITH & WITHOUT

- Brain
- Breast w/CAD review
- MRI-Guided Breast Biopsy  
 (Pathology as Needed)
- IAC
- Pituitary
- Orbit
- Liver
- Renal
- Adrenal
- MRCP
- C-Spine
- T-Spine
- L-Spine
- Pelvis - Bone
- Pelvis - Oncology
- Neck (soft tissue)
- Knee RT LT
- Hip RT LT
- Shoulder RT LT
- Ankle RT LT
- Foot RT LT
- Wrist RT LT
- Elbow RT LT
- Other \_\_\_\_\_
- MRA**
- COW
- Carotid
- Aorta
- Renal
- Runoff
- MRV \_\_\_\_\_
- MR Arthrogram
- Area \_\_\_\_\_
- Other \_\_\_\_\_

### Ultrasound

- Abdomen Limited - Rt Upper Quadrant
- Abdomen Complete
- Abdomen Aorta
- Bladder
- Carotid
- Follicle Study - Transvaginal
- OB
- Anatomical Survey
- Follow-up
- Transvaginal
- Biophysical Profile
- Umbilical Cord Doppler
- Pelvis / Transvaginal with doppler  
 as deemed necessary by radiologist
- Renal
- Renal Artery Doppler
- Testicular with doppler as deemed  
 necessary by radiologist
- Thyroid
- Thyroid Biopsy/FNA & Pathology
- Soft Tissue
- Soft Tissue Biopsy & Pathology
- Lymph Node Biopsy & Pathology
- Venous Leg (DVT) RT LT BI
- Venous Arm (DVT) RT LT BI
- Arterial Leg RT LT BI
- Other: \_\_\_\_\_

For breast, use Diagnostic Breast Evaluation section

### Interventional

- Lumbar Epidural Steroid  
 Injection
- Facet Injection  
 Level \_\_\_\_\_
- Joint Injection
- SI
- Hip
- Shoulder
- Ankle
- Wrist
- Other \_\_\_\_\_
- Arthrogram \_\_\_\_\_
- Lumbar Puncture
- Labs \_\_\_\_\_

### XRay

Type \_\_\_\_\_

**Reporting:**  Standard  STAT  Keep patient / Call Results to: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Send Images  Fax Results to: \_\_\_\_\_

Physician (Please Print) \_\_\_\_\_

Physician Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_



Specialty	Indication	Recommended Imaging Exam
<b>Breast</b>	New palpable lesion / Nipple discharge/ Focal pain	Diagnostic mammogram & US (if ≥ 30 y/o) Breast Ultrasound (if < 30 y/o)
	Annual screening mammography ≥ 40 y/o	Screening Mammogram W/ Tomosynthesis
	Post lumpectomy – routine follow-up	Screening Mammogram W/ Tomosynthesis
	Breast cancer staging / High risk for breast cancer (≥20% lifetime risk of breast cancer)	Breast MRI W &W/O Contrast
<b>Cardiopulmonary</b>	Lung nodules follow- up (not from screening)	CT Chest W/O Contrast
	Abnormal CXR / Cough / Cancer / Pain / SOB	CT Chest W/ Contrast
	Pulmonary embolus	PE Study - Chest CTA W/Contrast
	Aorta aneurysm or dissection/ Arteritis	Chest CTA W/Contrast
	High risk lung cancer screening	Lung Cancer Screening CT W/O Contrast
<b>Gastrointestinal</b>	Pain / Bowel obstruction/ Tumor / Infection	CT Abd/Pelvis W/ Contrast
	Pancreatitis or Pseudocyst	
	Liver lesion / Cirrhosis / Hepatoma	MRI Abdomen W &W/O Contrast (if initial RUQ pain — > ultrasound)
	Biliary pathology / Pancreatic / Mass	MRCP W &W/O Contrast
	Rectal cancer staging / Cervical or Uterine cancer staging/ Ovarian mass / Endometriosis	MRI Pelvis W &W/O Contrast
<b>Genitourinary</b>	Hematuria/ Bladder or Ureteral tumor	CT Urogram W & W/O Contrast
	Flank pain / Renal colic	CT Renal stone W/O Contrast
	Renal mass	Renal MRI W & W/O Contrast
<b>Musculoskeletal</b>	Osteomyelitis / Avascular necrosis	MRI W/O Contrast (for area of interest)
	Chronic pain / Ligamentous or Tendon injury	MRI W/O Contrast (for area of interest)
	Tumor/ Inflammatory arthritis / AVM	MRI W & W/O Contrast (for area of interest)
	Trauma / Fracture Follow-up	CT W/O Contrast (for area of interest)
<b>Neuro Brain or Spine</b>	Trauma/ Fracture / Acute mental status change	CT Head W/O Contrast
	Ischemia / Memory loss /Dizziness	MRI Brain W/O Contrast
	Infection / Tumor / Demyelination	MRI Brain W &W/O Contrast
	Seizures >30 y/o / Headache	
	Increased prolactin	MRI Pituitary W & W/O Contrast
	Sinus headache / Symptoms	CT Sinus W/O Contrast
	Hearing loss / Vertigo / Cranial nerve symptoms	MRI Internal Auditory Canal W & W/O Contrast
	Cerebellopontine angle tumor	Contrast
	Chronic back or neck pain / Radiculopathy	MRI Spine W/O Contrast
Neck mass or symptoms	CT Neck W/ Contrast	

All Contrast exams: Patients over 60, diabetic or HTN will require a creatinine lab value within the last 60 days.  
 Pregnant patients do not receive Gadolinium.

These are general guidelines. We are always available for expert consultation. 605-342-2852