Prior Authorization Request for Advanced Imaging Checksheet

Puget Sound contracted providers (King, Kitsap, Lewis, Mason, Pierce, Snohomish, Thurston counties): Fax to Radiology Appointing Center: 206-988-2906

All other providers: Fax to Review Services Department toll-free: 1-888-282-2685

This form can be used by providers who cannot access Kaiser Permanente’s online Referral Request tool at kp.org/wa/provider or through OneHealthPort.com.

| Patient Name __________________________ | Member # __________________________ |
| Presenting Diagnosis Code (ICD-9) _______ | Date of Birth ______________________ |
| Ordering Provider ______________________ | Tax ID # __________________________ |
| Clinic Contact _________________________ | Phone # __________ |
| Referred To Provider/Facility ___________ | Phone # __________________________ |
| Date Procedure Scheduled (if applicable) | On The Job Injury? ☐ Yes ☐ No |

(Circle one of the code numbers below)

**CT Abdomen—Adult: 74150, 74160, 74170, 74175**

- **Lower abdominal pain**
  - ☐ A) Right-lower quadrant pain, without fever/leukocytosis
  - ☐ A) Right-lower quadrant pain, suspect appendicitis
  - ☐ A) Left-lower quadrant pain, acute, severe
  - ☐ A) Left-lower quadrant pain, chronic, intermittent, or low grade
  - ☐ A) Right-lower quadrant pain, fever, leukocytosis, suspect appendicitis
  - ☐ A) Left-lower quadrant pain, women child bearing age (US preferred)
  - ☐ A) Perirectal- suspect abscess, nonlocalizing findings
  - ☐ B) Right-lower quadrant pain, fever, leukocytosis, pregnant (US preferred)
  - ☐ C) Perirectal-localized findings suspect abscess (surgery consult indicated)
  - ☐ D) Other:

- **Abdominal pain, not localized**
  - ☐ A) Generalized abdominal pain
  - ☐ A) Postoperative patient with fever, suspect abscess
  - ☐ A) Fever, non-localizing abdominal pain, suspect abscess
  - ☐ A) Suspect small bowel obstruction, complete/high grade, partial
  - ☐ B) Fever, abdominal pain; pregnant, suspect abscess (Ultrasound, MRI preferred)
  - ☐ D) Other:

- **Abdominal palpable mass/ascites**
  - ☐ A) Palpable abdominal mass
  - ☐ A) Pulsatile abdominal mass (US preferred)
  - ☐ A) Ascites—evaluate
  - ☐ D) Other:
- **Hernia Suspected**
  - A) Suspect incisional hernia
  - A) Suspect ventral hernia
  - A) Suspect hernia
  - D) Other:

- **Abnormal imaging/mass/hematoma**
  - A) Liver mass, indeterminate on initial imaging, >1cm
  - A) Liver mass, suspect mets-initial or followup
  - A) Adrenal mass <5 cm in diameter. (Larger lesions should be removed)
  - A) Renal mass not adequately characterized on ultrasound
  - A) Hematoma/hemorrhage evaluation or follow-up
  - A) Adenopathy evaluation or follow-up
  - B) Hepatic mass on initial screening
  - B) Hepatic mass evaluate, history of extrahepatic malignancy
  - B) Hepatic small lesion on initial imaging, <1cm
  - B) Hepatic mass, benign on initial imaging, no history of malignancy
  - C) Adrenal mass >5 cm in diameter. (>5cm lesions should be removed)
  - D) Other:

- **Renal Evaluation**
  - A) Pyelonephritis, persisting >72 hours FOLLOWING ultrasound
  - A) Pyelonephritis, diabetes, immunocompromised
  - A) Pyelonephritis, complicated
  - A) Suspect renovasc htn with normal renal function (consider CTA, MRA)
  - A) Suspect renal colic, stones; STONE PROTOCOL
  - A) Obstructive uropathy—evaluate ureteral obstruction suggested on ultrasound
  - A) Renal mass not adequately characterized on renal ultrasound
  - B) Recurrent lower UTI women (MRI if urethral diverticulum is suspected)
  - B) Hematuria (excluding parenchymal disease, females with hemorrhagic cystitis); consider ultrasound
  - C) Pyelonephritis, uncomplicated, <72 hours
  - C) Hematuria with generalized renal parenchymal disease (ultrasound preferred)
  - C) Hemorrhagic cystitis in females <40 yo, cleared with therapy
  - C) Suspect renovasc htn with decreased renal function (avoid contrast)
  - C) Essential htn
  - D) Other:

- **Crohn’s disease evaluation**
  - A) Suspect Crohn’s (initial presentation with abdominal pain, fever, or diarrhea)
  - A) Known Crohn’s with fever, pain, leukocytosis
  - A) Known Crohn’s, adult with stable, mild symptoms
  - D) Other:
Cancer evaluation
- A) Stage/assess ovarian
- A) Stage testicular cancer
- A) Renal cell carcinoma
- A) Invasive bladder/TCC
- A) Lymphoma suspect/evaluate
- A) Metastatic cancer evaluate
- B) Stage bronchogenic lung
- B) Endometrial cancer uterus (MRI pelvis 8)
- C) Superficial bladder/TCC
- D) Other:

Abnormal vaginal bleeding
- A) Postmenopausal vaginal bleeding
- C) Premenopausal vaginal bleeding
- D) Other:

Ovarian cancer screening
- C) Premenopausal or postmenopausal female: any risk level
- D) Other:

Prostate cancer, pre-treatment staging
- A) Clinical T3, seminal vesicle or bladder neck invasion.
  - A) (T1-2; GS<= 6 and PSA>20) or T1-2 and GS=8-10 and PSA < 20 and <50% biopsy positive
  - A) T1-2; GS>7 and PSA >/= 20 or >/= 50% biopsy cores positive
  - B) T1-2; GS=result 6 and PSA10 to <20 and >/= 50 % biopsy cores positive
  - B) T1-2; GS=7 and PSA <20 and <50% biopsy cores positive
  - C) T1-2; GS<= 6 and PSA < 10 and <50% biopsy cores positive
  - C) T1-2; GS </= 6 and PSA 10 to < 20 and <50% biopsy cores positive
  - D) Other:

Suspected adnexal mass
- B) Pre/post menopausal female
  - B) Premenopausal female with complex or solid mass evaluated by ultrasound; negative pregnancy test
  - B) Premenopausal female with complex mass evaluation by ultrasound: no change in 6 weeks (MRI preferred)
  - B) Premenopausal female with complex mass evaluated by TVS: not changed in 6 weeks
  - C) Postmenopausal female with complex or solid mass by TAS, TVS
  - C) Premenopausal female with complex or solid mass evaluated by ultrasound; positive pregnancy test
  - C) Postmenopausal female with simple ovarian cyst by TAS, TVS
  - D) Other:
☐ Nonspecific symptoms
☐ A) Fever—unknown origin
☐ A) Weight loss—significant
☐ D) Other:

☐ Perioperative evaluation
☐ A) Pre-op assessment
☐ A) Post-op assessment
☐ D) Other:

☐ Other
☐ D) Other: