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.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Member #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting Diagnosis Code (ICD-9)</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Ordering Provider</td>
<td>Tax ID #</td>
</tr>
<tr>
<td>Clinic Contact</td>
<td>Phone #</td>
</tr>
<tr>
<td>Referral To Provider/Facility</td>
<td>Phone #</td>
</tr>
<tr>
<td>Date Procedure Scheduled (if applicable)</td>
<td>On The Job Injury? □ Yes □ No</td>
</tr>
</tbody>
</table>

(Circle one of the code numbers below)

MRI Knee—Adult: 73721, 73722, 73723

- **Knee pain (no trauma)**
  - □ A) Degenerative joint disease, pre-operative planning
  - □ A) Suspect internal derangement, x-ray non-diagnostic
  - □ A) Pre-operative, meniscus injury suspected: McMurray, locking, joint line tenderness
  - □ A) Assess for osteomyelitis/infection
  - □ B) Chondromalacia patella with persistent symptoms
  - □ C) Initial exam (no x-ray)
  - □ C) Degenerative joint disease; surgery not planned
  - □ D) Other:

- **Knee pain with trauma**
  - □ A) Acute injury with effusion; suspect cruciate tear or occult fracture
  - □ A) Recent knee dislocation evaluation
  - □ A) Fracture assessment for nonunion or intrarticular extension
  - □ A) Pre-operative, meniscus injury suspected; McMurray, locking, joint line tenderness
  - □ A) Persistent joint line pain >2 weeks, suspect meniscus tear
  - □ B) Acute injury, with focal tenderness; x-ray non-diagnostic
  - □ B) Acute injury, with effusion; x-ray non-diagnostic
  - □ B) Acute injury, unable to bear weight, x-ray non-diagnostic
  - □ C) Fall/twisting injury, no focal tenderness, no effusion; able to walk
  - □ C) Initial exam (no x-ray)
  - □ D) Other:
Evaluate symptom
- A) Limited range of motion suspect locked/displaced meniscus
- B) Suspect osteochondral lesion, (OCD)
- D) Other:

Evaluate abnormality
- A) Palpable mass (not Baker’s cyst)
- A) Imaging abnormality
- A) Suspect neoplasm
- A) Hemarthrosis
- C) Suspect Baker’s cyst (ultrasound preferred)
- D) Other:

Perioperative evaluation
- A) Pre-operative assessment
- A) Post-operative assessment
- D) Other:

Other
- D) Other: