Prior Authorization Request for Advanced Imaging Cheeksheet

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 # __________ Fax # ______________
Referred To Provider/Facility _______________ Phone # ______________________
Date Procedure Scheduled (if applicable) ____

(Circle one of the code numbers below)

MRI Knee—Pediatric: 73721, 73722, 73723

☐ Knee pain (no trauma)
☐ A) Suspect chondromalacia patella
☐ A) Assess for osteomyelitis/infection
☐ A) Nonpatellofemoral symptoms. x-ray non-diagnostic
☐ A) Suspect internal derangement. x-ray non-diagnostic
☐ B) Nonpatellofemoral symptoms. x-ray shows osteochondral injury
☐ C) Patellofemoral (anterior) symptoms
☐ C) X-ray shows degenerative joint disease and/or chondrocalcinosis
☐ C) Nonpatellofemoral symptoms
☐ D) Other:

☐ Knee pain following trauma
☐ A) Suspect internal derangement, x-ray non-diagnostic
☐ B) Acute injury, with focal tenderness
☐ B) Acute injury, with effusion
☐ B) Fall/twisting injury, with inability to bear weight
☐ B) Acute injury with focal patellar tenderness, effusion, able to walk
☐ C) Acute injury, no focal tenderness, no effusion, able to walk
☐ D) Other:
☐ Evaluate abnormality
   ☐ A) Palpable mass
   ☐ A) Imaging abnormality
   ☐ A) Suspect neoplasm
   ☐ A) Hemarthrosis
   ☐ C) Suspected Baker’s cyst (ultrasound preferred)
   ☐ D) Other:

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

☐ Other
   ☐ D) Other: