

CMS/APPROPRIATE USE CRITERIA (FOR MEDICARE PART B PATIENTS ONLY)	REPORTING INSTRUCTIONS
NPI# _____ Name of CDSM Consulted (software used) _____	<input type="checkbox"/> STAT <input type="checkbox"/> Routine <input type="checkbox"/> Follow Up Date & Time: _____
Determination Result ( <b>check one</b> ): <input type="checkbox"/> 1) Adheres to <input type="checkbox"/> 2) Does Not Adhere to <input type="checkbox"/> 3) Not Applicable	PT Weight _____

Today's Date: \_\_\_\_\_ Exam Date/Time: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Pregnant:  Y  N

Ordering Provider: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

**Diagnostic Information: medical necessity for the procedure requested** *(Please describe the patient's signs, symptoms or physical findings which you believe indicate a need for the procedure you are ordering below. Payors generally do not consider a "question", "suspect", or "rule out" diagnosis in and of itself to be acceptable as "diagnostic information.")*

Signs/Symptoms **Must Be Listed:** \_\_\_\_\_ ICD 10: \_\_\_\_\_

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Procedure Ordered:

**Patient Known Claustrophobic**

<p><b>MRI - Magnetic Resonance Imaging</b></p> <p><b>Contrast</b> <i>If no option is selected, the referring physician defers to the radiologist as to whether contrast is medically necessary.</i></p> <p><input type="checkbox"/> Without Contrast <input type="checkbox"/> With &amp; Without Contrast</p> <p><b>Head/Neck</b></p> <p><input type="checkbox"/> Brain <input type="checkbox"/> Neck (soft tissue)  <input type="checkbox"/> Pituitary <input type="checkbox"/> TMJ  <input type="checkbox"/> Orbits <input type="checkbox"/> Spectroscopy  <input type="checkbox"/> IACs <input type="checkbox"/> Perfusion  <input type="checkbox"/> Mandible <input type="checkbox"/> Brachial Plexus L or R  <input type="checkbox"/> Sinus <input type="checkbox"/> Stealth Brain</p> <p><b>Body</b></p> <p><input type="checkbox"/> Bilateral Breast <input type="checkbox"/> Enterography Abd/Pel  <input type="checkbox"/> Abdomen <input type="checkbox"/> Prostate  <input type="checkbox"/> Pelvis <input type="checkbox"/> Female Pelvis  <input type="checkbox"/> Chest</p>	<p><b>Spine</b></p> <p><input type="checkbox"/> Cervical <input type="checkbox"/> Sacrum/Coccyx  <input type="checkbox"/> Thoracic  <input type="checkbox"/> Lumbar</p> <p><b>Musculoskeletal</b></p> <p><input type="checkbox"/> Arthrogram</p> <p><input type="checkbox"/> Shoulder L R  <input type="checkbox"/> Humerus L R  <input type="checkbox"/> Elbow L R  <input type="checkbox"/> Forearm L R  <input type="checkbox"/> Wrist L R  <input type="checkbox"/> Hand L R  <input type="checkbox"/> Thumb L R  <input type="checkbox"/> Hip L R  <input type="checkbox"/> Femur L R  <input type="checkbox"/> Knee L R  <input type="checkbox"/> Tib/Fib L R  <input type="checkbox"/> Ankle L R  <input type="checkbox"/> Foot L R</p>	<p><b>MRA</b></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Upper Extremity  <input type="checkbox"/> Neck <input type="checkbox"/> Lower Extremity  <input type="checkbox"/> Chest <input type="checkbox"/> Runoff  <input type="checkbox"/> Abdomen</p> <p><b>MRV</b></p> <p><input type="checkbox"/> Head  <input type="checkbox"/> Pelvis</p> <p><b>OTHER</b></p> <hr/> <hr/> <hr/> <hr/>
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**NOTES:**

1. By signing, the physician has made an independent medical necessity decision with regard to each procedure to be performed.
2. Medicare generally does not cover routine screening procedures.

If, at the time of service, the radiologist determines that a procedure not initially ordered by the referring physician is required, then the referring physician will be contacted for the additional order.  
A revised order form will be required at that time.

# ABOUT YOUR MRI EXAM:

Magnetic Resonance Imaging (MRI) uses a strong magnetic field and radio waves to produce pictures of internal body structures. MRI is a painless procedure that uses no X-rays or radiation. An MRI scanner produces cross-sectional images which allow physicians to see internal structures in great detail. Because of the magnetic field, patients with cardiac pacemaker, cerebral aneurysm clips, or ear implants may not be scanned.

**BEFORE THE EXAM.** If you are taking any medications, especially pain medication, take them as you normally would. You should wear comfortable clothing with no metal, or a gown will be provided for you to change into.

**THE EXAM.** A magnetic resonance examination is a simple and safe procedure. You will be asked to remove watches, jewelry, credit and ATM cards, coins and any other metallic objects from your possession. A technologist will explain the test to you, then ask you to lie down on a padded table. The table will slide forward, positioning the part of your body being scanned into the center of the magnet. The machine will make loud knocking noises during the imaging sequences. Ear plugs or headphones with music will be provided for your comfort.

Typical exam times range between 30 and 45 minutes, although some exams may take longer. The most important part of the exam for you is to lie very still. This is crucial because the scanner is very sensitive, and any movement during the sequences will blur the pictures, degrading the diagnostic quality of the examination.

Occasionally, a contrast agent is used. This is a substance that enhances the sensitivity of the images. This contrast may help the radiologist interpret the images from your exam under certain circumstances. If needed, this will be injected into a vein in your arm.

**AFTER THE EXAM.** Following the exam, you may leave. There are no after effects from MRI. The images are then processed for interpretation by the radiologist. The results are not immediately available. The radiologist will contact your physician to convey the information ascertained from the scan. Please call only your referring doctor for test results.

The following items may exclude you from having an MRI exam. Please contact the Imaging Center at (866) 244-2938 if any of these apply to you, or if you have any questions.

- Pacemaker
- Unable to lie flat
- Artificial Heart Valves
- History of metal fragments in eyes
- Claustrophobia
- Pregnancy
- Cerebral Aneurysm clips

• *Bring your I.D. cards or insurance forms.*

**An appointment time has been specially reserved for you.  
Please arrive 15 minutes prior to your scheduled appointment.**

	Yes	No
Previous CT/MRI:	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacemaker:	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Aneurysm Clips:	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Bodies:	<input type="checkbox"/>	<input type="checkbox"/>
Type & Locations:	_____	
Special Instructions:	_____	
	_____	
	_____	

ALLIANCE MRI AT  
**LOS ALAMITOS**  
MEDICAL CENTER  
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**(866) 244-2938**



Your MRI Service Is Provided By:

