

## MRI Lower Extremities

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code**	Description	
73718	Magnetic resonance (e.g. proton) imaging, lower extremity, other than joint; without contrast material	
73719	Magnetic resonance (e.g. proton) imaging, lower extremity, other than joint; with contrast material	
73720	Magnetic resonance (e.g. proton) imaging, lower extremity, other than joint; without contrast material followed by contrast material and further sequences	
73721	Magnetic resonance (e.g. proton) imaging, any joint of the lower extremity; without contrast material	
73722	Magnetic resonance (e.g. proton) imaging, any joint of the lower extremity; with contrast material	
73723	Magnetic resonance (e.g. proton) imaging, any joint of the lower extremity; without contrast material followed by contrast material and further sequences	
1.	Does the patient have:	
2.	Severe pain AND X-rays negative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Significant trauma (direct blow to leg; serious fall; leg injury with a "snap" or a "pop" felt at time of injury; bone out of joint; etc.) AND X-rays negative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	An abnormal X-ray and further imaging by MRI is required or requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Documented joint symptoms: pain/locking/instability AND no response to four weeks of conservative therapy*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	A specialist (e.g. orthopedic surgeon, sports medicine, podiatrist) request for pre- or post-op evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	A bone tumor, not able to be characterized on X-ray?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Joint or bone pain, and fever (suspicion of joint space or bone infection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	An abnormal bone scan, suggesting infection or tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Concern of ligamentous or tendon injury (pain in the area of a joint/tendon; red, warm or swollen joint/tendon; grinding sound or feeling when joint/tendon is used, etc.) AND no response to four to six weeks of conservative therapy*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is this a pediatric patient (under age 18) with an injury or bone disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	* Conservative therapy – generally includes physical therapy, joint rest and/or immobilization and medications such as NSAIDs (non-steroidal anti-inflammatory drugs).	

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