**Radiology Questionnaire**

**MRI Upper 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.

<table>
<thead>
<tr>
<th>Code**</th>
<th>Description</th>
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<tbody>
<tr>
<td>73218</td>
<td>Magnetic resonance (e.g., proton) imaging, upper extremity other than joint; without contrast material</td>
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<tr>
<td>73219</td>
<td>Magnetic resonance (e.g., proton) imaging, upper extremity other than joint; with contrast material</td>
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<tr>
<td>73220</td>
<td>Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material followed by contrast material and further sequences</td>
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<tr>
<td>73221</td>
<td>Magnetic resonance (e.g., proton) imaging, any joint of the upper extremity; without contrast material</td>
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<tr>
<td>73222</td>
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<tr>
<td>73223</td>
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</tbody>
</table>

1. Does the patient have:
2. Severe pain AND X-rays negative? □ Yes □ No
3. Significant trauma (direct blow to arms; serious fall; arm injury with a “snap” or a “pop” felt at time of injury; bone out of joint; etc.) AND negative x-rays? □ Yes □ No
4. Abnormal X-ray which recommends or requires an MRI? □ Yes □ No
5. Documented joint symptoms such as pain, locking, instability AND no response to 4 weeks conservative therapy: physical therapy, joint rest or immobilization and medications, such as NSAIDs (non-steroidal anti-inflammatory drugs)? □ Yes □ No
6. A specialist (e.g., orthopedic surgeon, sports medicine) request for pre- or post-op evaluation? □ Yes □ No
7. Joint OR bone pain AND fever (suspicion of joint space or bone infection)? □ Yes □ No
8. An abnormal bone scan, suggesting infection or tumor? □ Yes □ No
9. Possible ligament/tendon injury (pain, red, warm, swollen joint/tendon, grinding sound/feeling) AND no response to 4-6 weeks conservative therapy: physical therapy, joint rest or immobilization, NSAIDs (non-steroidal anti-inflammatory drugs)? □ Yes □ No
10. Suspected rotator cuff or labral tear of the shoulder or slap lesion (pain in dominant arm; pain worse at night; worsening pain followed by weakness; decreased ability to move arm out to the side; difficulty lifting arm shoulder level or above)? □ Yes □ No
11. Tendon rupture at elbow (biceps/triceps) (sudden sharp pain in arm; may hear an audible snap in bicep area; bulge in the arm above the elbow and a dent in the shoulder area; bruising mid-arm down to elbow; pain or tenderness at the shoulder)? □ Yes □ No
12. Occult elbow fracture (fracture not visible on X-ray soon after trauma, but pain continues 3 to 4 weeks after trauma and fracture is suspected)? □ Yes □ No
13. Scaphoid bone fracture in wrist (wrist pain, swelling, deformity)?
   - Yes
   - No

14. Is this a pediatric patient (under 18 years old) with an injury or bone disease?
   - Yes
   - No

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