

## 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.

Code**	Description	
73218	Magnetic resonance (e.g., proton) imaging, upper extremity other than joint; without contrast material	
73219	Magnetic resonance (e.g., proton) imaging, upper extremity other than joint; with contrast material	
73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material followed by contrast material and further sequences	
73221	Magnetic resonance (e.g., proton) imaging, any joint of the upper extremity; without contrast material	
73222	Magnetic resonance (e.g., proton) imaging, any joint of the upper extremity; with contrast material	
73223	Magnetic resonance (e.g., proton) imaging, any joint of the upper 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Abnormal X-ray which recommends or requires an MRI?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	A specialist (e.g., orthopedic surgeon, sports medicine) request for pre- or post-op evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Joint OR bone pain AND fever (suspicion of joint space or bone infection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	An abnormal bone scan, suggesting infection or tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Blue Care  
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# Radiology Questionnaire

13.	Scaphoid bone fracture in wrist (wrist pain, swelling, deformity)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is this a pediatric patient (under 18 years old) with an injury or bone disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2012 American Medical Association. All rights reserved.**