

Physician *Letter of Medical Necessity*

Please be advised that _____ Patient Name _____ Date of Birth _____ is presently being treated under my care. I find the test indicated below to be medically necessary.

Clinical Indications/Signs/Symptoms: (MUST BE INCLUDED)

_____ **ICD-10:** _____

Advanced Urology

480 Hicksville Road • Bethpage, NY 11714

- Paul Peller, MD** **Andrew Chan, MD**
 M. Dourmashkin, MD **Alfred Kohan, MD**

Signature (required): _____

UROLOGICAL IMAGING

CT - Computed Tomography

- Brain Chest Abdomen Pelvis Renal Protocol Adrenal Protocol
 For Renal Calculi (Stone Study) Urogram
 W/&W/OIV Contrast IV Contrast Only No IV Contrast Oral Contrast Only No Oral Contrast

Ultrasound

- Abdomen (Full) Retroperitoneum (Renal/Bladder)
 Scrotal w/ Color Doppler
 Pelvic _____ Transabdominal _____ Transvaginal
 Prostate _____ Transabdominal _____ Transrectal

Color Doppler Sonography

- Ovarian Renal Artery Venous Extremity LT/RT _____
 Scrotal Upper Extremity Lower Extremity

Diagnostic X-ray

- Chest Pelvis KUB
 Voiding Cystourethrogram
 Cystogram
 Other _____

Nuclear Medicine

- Bone Scan: Whole Limited
 Renal with Lasix Renal DTPA

MRI - Magnetic Resonance Imaging

- 3T Wide-Bore 1.5T Wide-Bore 1.2 Open-Sided

PET/CT _____

ABDOMEN/PELVIS CT

NO ORAL NO IV	NO ORAL PRE + POST IV 74178	NO ORAL POST IV ONLY 74174
-Abdominal+Pelvis NO CONTRAST	-Abdomen PRE+POST -Pelvis PRE+POST	EXAM #81
EXAM #73	EXAM #76	-CTA -Abdomen -Abdomen+Pelvis
74176	-Urogram -Hematuria	
-For Stone Hunt Study Only		

YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
-Abdomen PRE + POST	-Abdomen + Pelvis NO IV CONTRAST	-Abdomen + Pelvis POST	-Abdomen PRE + POST -Pelvis POST
EXAM #77	EXAM #72	EXAM #74	EXAM #75
74170	74176	74177	74178
-Triple Phase Liver -Pancreas Study -Kidney Tumor -Adrenal Study	-Pain -Appendicitis -Diverticulitis	-Bloating -Diffuse Abdominal Pain -Enterography -Lymphoma	-Oncology Follow Up -Breast Cancer -Cervical Cancer -Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Abdomen	MRI Abdomen Pre and Post IV Contrast	Kidneys Liver Mass	Adrenals Pancreas	74183 20
Pelvis - Female (GYN)	MRI Pelvis Pre and Post IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies Adnexal Mass Endometrial CA	Known Fibroids Ovarian CA Ovarian Cysts Pre-embolization work-up Uterine Artery Embolus Rectocele Cystocele	72197 26
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate	Rectal Staging	72197 26
Abdomen - MRA	MRA Abdomen Pre and Post IV Contrast	Abdominal Aneurysm Renal Arteries	Mesenteric Ischemia	74185 23
Pelvis - MRV	MRA/MRV Pelvis Post IV ONLY Contrast	Pelvic Venous Thrombosis		72198 28

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