

PATIENTS:  CALL TO MAKE AN APPOINTMENT  TAKE A CELL PHONE PHOTO OF THIS FORM AND **TEXT OR EMAIL IT TO RX@ZPRAD.COM**

**Physician \*Letter of Medical Necessity\***

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

**Clinical Indications/Signs/Symptoms****Mount Sinai Doctors Long Island**

Barbara A. Allis, MD     Other

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**Signature (required):**

**NEUROLOGICAL IMAGING**

**MRI/PET**     Add I.V. MRI contrast if needed

PET Only Auth#:

78608 Brain  
 Other:

**With additional MRI** Body region: \_\_\_\_\_

MRI Auth#: \_\_\_\_\_

**PET/CT**     Add I.V. CT contrast if needed

PET/CT Auth#:

78814 Brain  
 Other:

**Nuclear Medicine**

Specify

**CT Angiogram** with Contrast

Carotid with 2D/3D reformatting  
 Circle of Willis with 2D/3D reformatting  
 Other:

**CT Scan**     With Contrast     No Contrast

Brain                       Cervical spine  
 Orbits                      Thoracic spine  
 Temporal bones        Lumbar spine  
 Paranasal sinuses     Sacrum  
 Soft tissue neck        Other:

**MRI**     With I.V. Sedation

3T Wide-Bore     1.5T Wide-Bore  
 Either 3T or 1.5T Wide-Bore

Brain without contrast  
 Brain with & without contrast  
 Brain with MR Spectroscopy  
 Orbits  
 Pituitary with contrast  
 IAC with contrast  
 Cervical spine  
 Thoracic spine  
     Specify level of pathology \_\_\_\_\_  
 Lumbar spine  
 Pelvis                     Other:

**MRA**     With I.V. Sedation

With 2D and 3D formatting

3T Wide Bore     1.5T Wide-Bore  
 Either 3T or 1.5T Wide-Bore

Intracranial/Circle of Willis  
 Intracranial/MR Venogram  
 Carotid     Aortic Arch  
 Other:

**Digital X-ray**

Region: \_\_\_\_\_

**Ultrasound**

Carotid Doppler     Other:

**HEAD/NECK MRI CONTRAST INFORMATION**

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brain	MRI Brain Non Contrast	Alzheimer's/Confusion/Dementia Headache/Migraine Memory Loss Mental Status Changes	70551	<b>1</b>
Brain	MRI Brain Pre and Post IV Contrast	Cranial Nerve Lesions F/U Lesion/Mass IAC/Hearing Loss/Tinnitus Infection	70553	<b>2</b>
Head - Circle of Willis (COW)	MRA Head Non Contrast	Stroke/CVA/TIA Aneurysm/Vertigo	70544	<b>3</b>
Head - Circle of Willis (COW)	MRA Head Pre and Post IV Contrast	Post Coiling	70546	<b>4</b>
Neck - Carotid	MRA Neck Non Contrast	Stroke/CVA/TIA/Vertigo	70547	<b>10</b>
Neck - Carotid	MRA Neck Pre and Post IV Contrast	Stenosis > 60% on Doppler Ultrasound	70549	<b>11</b>
Head - Intracranial Venous Sinus	MRV Head Pre and Post IV Contrast	Venous Thrombosis	70546	<b>4</b>
Orbits	MRI Orbits/Face/Neck Pre and Post IV Contrast	Optic Neuritis Exophthalmos, Proptosis Pseudotumor/Mass/Cancer/Mets	70543	<b>7</b>
Neck-Soft Tissue	MRI Orbits/Face/Neck Pre and Post IV Contrast	Infection Tumor/Mass/Cancer/Mets	70543	<b>9</b>

**SPINE MRI CONTRAST INFORMATION**

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness	72141	<b>40</b>
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72156	<b>41</b>
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72146	<b>42</b>
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72157	<b>43</b>
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72148	<b>44</b>
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs)	72158	<b>45</b>

