

Physician *Letter of Medical Necessity*

Please be advised that is presently
being treated under my care. I find the test indicated below to be medically necessary.

Clinical Indications/Signs/Symptoms

Joseph S. Jeret, M.D., F.A.A.N. | Signature: _____
1436 Broadway, Hewlett, NY 11557
Tel: 516.593.5800 • Fax: 516.593.4752

STUDIES ARE TO BE READ BY DR. MICHELLE ROTBLAT-OPERMAN OR DR. ELIYAHU ENGELSOHN

NEUROLOGICAL IMAGING

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

PET Only Auth#:

78608 Brain PET
 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:

MRI HEAD/NECK/NEUROVASCULAR

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	Seizures Stroke, CVA, TIA Trauma Vertigo	70551 1
Brain	MRI Brain Pre and Post IV Contrast	Cranial Nerve Lesions F/U Lesion/Mass IAC/Hearing Loss/Tinnitus Infection	Metastatic Disease Multiple Sclerosis Neurofibromatosis Pituitary	70553 2
Head - Circle of Willis (COW)	MRA Head Non Contrast	Stroke/CVA/TIA Aneurysm/Vertigo	70544 3	
Head - Circle of Willis (COW)	MRA Head Pre and Post IV Contrast	Post Coiling	70546 4	
Neck - Carotid	MRA Neck Non Contrast	Stroke/CVA/TIA/Vertigo	70547 10	
Neck - Carotid	MRA Neck Pre and Post IV Contrast	Stenosis > 60% on Doppler Ultrasound	70549 11	
Head - Intracranial Venous Sinus	MRV Head Pre and Post IV Contrast	Venous Thrombosis	70546 4	
Orbits	MRI Orbits/Face/Neck Pre and Post IV Contrast	Optic Neuritis Exophthalmos, Proptosis Pseudotumor/Mass/Cancer/Mets	Vascular Lesions Visual Disturbances Diplopia	70543 7
Neck-Soft Tissue	MRI Orbits/Face/Neck Pre and Post IV Contrast	Infection Tumor/Mass/Cancer/Mets	Vocal Cord Paralysis	70543 9

MRI SPINE

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	Neck Pain Radiculopathy Trauma	72141 40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion	Osteomyelitis	72156 41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation	Radiculopathy Stenosis Trauma	72146 42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion	Osteomyelitis	72157 43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation	Radiculopathy Trauma	72148 44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs)	Discitis Mass/Lesion	72158 45

