



An Independent Licensee of the Blue Cross and Blue Shield Association.

MRI/MRA PRECERTIFICATION REQUEST FORM

Please complete the requested information and return to CareCore National, LLC (CCN) by faxing to the following:

Fax: 866 466-6964

Telephone: 866 803-8002

For precertification status, sign in to *ProviderAccess* via www.bcbsal.com.

PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED COMPLETELY. FAILURE TO DO SO MAY DELAY THE DECISION. IF NOT APPLICABLE, USE N/A.

Patient Name _____ DOB _____

Insurance Plan Blue Cross and Blue Shield of Alabama Contract # _____

Referring Physician _____ Contact Person _____

Provider NPI _____

Physician Address _____ City _____ State _____ Zip _____

Physician Fax #(____) _____ Telephone #(____) _____

Date of Request _____ Scheduled Date of Image (if known) _____

Imaging Facility Name _____ Site Telephone #(____) _____

Site Address _____ City _____ State _____

CPT Code(s) for Requested Procedure (see page 3 for reference) _____

Diagnosis, if known, or Rule-out _____

ICD-9 Code _____ Date of Last Office Visit _____ / _____ / _____

Symptoms/Complaints:

Symptoms and Complaints	Duration

Findings on physical examination (include provocative tests if applicable):

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CareCore National is an independent specialty benefit management company that manages precertification services on behalf of Blue Cross and Blue Shield of Alabama.

Patient Name _____

Contract # _____



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Prior Tests (including X-ray, US, CT, MRI), Treatments (surgery, physical therapy, etc.), Biopsy results related to the current problem:

Test, Intervention or Surgery	Date	Results

Results of pertinent recent laboratory tests relevant to the current problem:

Test	Date	Result

Medications used for the current problem, if applicable:

Medication	Duration and Dates	Effective Yes/No

**Is there any additional history or clinical facts supporting the requested examination?
Use additional sheets if needed.**

**Physician's
Signature** _____

Date _____

Patient Name _____

Contract # _____



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MRI/MRA CLINICAL PRECERTIFICATION REQUEST FORM

**CPT CODES Effective January 1, 2010
PLEASE CHECK ALL CODES REQUESTED**

If you listed the CPT code on page 1 of this form, you do not need to fax page 3.

70544	MRA HEAD W/O CONTRAST	72156	MRI C SPINE W/ & W/O CONTRAST
70545	MRA HEAD W/ CONTRAST	72157	MRI T SPINE W/ & W/O CONTRAST
70546	MRA HEAD W & W/O CONTRAST	72158	MRI L SPINE W/ & W/O CONTRAST
70547	MRA NECK W/O CONTRAST	72195	MRI PELVIS W/O CONTRAST
70548	MRA NECK W CONTRAST	72196	MRI PELVIS W CONTRAST
70549	MRA NECK W & W/O CONTRAST	72197	MRI PELVIS W & W/O CONTRAST
71555	MRA CHEST (EXC MYOCARDIUM) W/ OR W/O CONTRAST	73218	MRI UPPER EXTREMITY W/O CONTRAST
72159	MRA SPINAL CANAL W/ OR W/O CONTRAST	73219	MRI UPPER EXTREMITY W CONTRAST
72198	MRA PELVIS W/ OR W/O CONTRAST	73220	MRI UPPER EXTREMITY W & W/O CONTRAST
73225	MRA UPPER EXTREMITY W/ OR W/O CONTRAST	73221	MRI UPPER EXTREMITY JOINT W/O CONTRAST
73725	MRA LOWER EXTREMITY W/ OR W/O CONTRAST	73222	MRI UPPER EXTREMITY JOINT W CONTRAST
74185	MRA ABDOMEN W/ OR W/O CONTRAST	73223	MRI UPPER EXTREMITY JOINT W & W/O CONTRAST
70336	MRI TMJ	73718	MRI LOWER EXTREMITY W/O CONTRAST
70540	MRI FACE, ORBIT, &/OR NECK W/O CONTRAST	73719	MRI LOWER EXTREMITY W CONTRAST
70542	MRI FACE, ORBIT, &/OR NECK W/ CONTRAST	73720	MRI LOWER EXTREMITY W & W/O CONTRAST
70543	MRI FACE, ORBIT, &/OR NECK W & W/O CONTRAST	73721	MRI LOWER EXTREMITY JOINT W/O CONTRAST
70551	MRI HEAD W/O CONTRAST	73722	MRI LOWER EXTREMITY JOINT W CONTRAST
70552	MRI HEAD W/ CONTRAST	73723	MRI LOWER EXTREMITY JOINT W & W/O CONTRAST
70553	MRI HEAD W/ & W/O CONTRAST	74181	MRI ABDOMEN W/O CONTRAST
70554	FUNCTIONAL MRI, BRAIN, BY TECHNOLOGIST	74182	MRI ABDOMEN W CONTRAST
70555	FUNCTIONAL MRI, BRAIN, BY PHYSICIAN OR PSYCHOLOGIST	74183	MRI ABDOMEN W & W/O CONTRAST
71550	MRI CHEST W/O CONTRAST	75557	CARDIAC MRI W/O CONTRAST
71551	MRI CHEST W CONTRAST	75559	CARDIAC MRI W/O CONTRAST, W/ STRESS IMAGING
71552	MRI CHEST W & W/O CONTRAST	75561	CARDIAC MRI W & W/O CONTRAST
72141	MRI CERVICAL SPINE W/O CONTRAST	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING, ADD-ON
72142	MRI CERVICAL SPINE W/ CONTRAST	77058*	MRI BREAST W/ &/OR W/O CONTRAST
72146	MRI THORACIC SPINE W/O CONTRAST	77059*	MRI BREAST BILATERAL
72147	MRI THORACIC SPINE W/ CONTRAST	77084	MRI BONE MARROW BLOOD SUPPLY
72148	MRI LUMBAR SPINE W/O CONTRAST	S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD
72149	MRI LUMBAR SPINE W/ CONTRAST	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE

*** Supporting clinical notes must be faxed to initiate the precertification process.**

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