Upper Extremity Imaging Questionnaire – CarePlanner/iEX
(73221, 73222, 73223)

1. **DO NOT SUBMIT IF PT** is eligible for: Take Charge/FPO, Managed Care (MCD), Detox only, if PT has unmet Spend-down, is being evaluated for SSI, is on Medicaid but, another payer is prime, including Medicare, is receiving services in the inpatient setting or the ED.

2. Have you confirmed the Medicaid client’s eligibility for the planned date of service of this advanced imaging procedure?
   - Yes = Go to #3
   - No = STOP. Need to confirm eligibility before submitting

3. Is the client’s primary medical coverage under ONE of these Medicaid Fee-For-Service eligibility programs: CNP or LCP-MNP, ERSO (Emergency Related Services – Program for NonCitizens), GA?
   - Yes = If ERSO go to #4, others go to #5
   - No = Do NOT proceed to submit

4. If client has ERSO (Emergency Related Services – Program for NonCitizens) coverage, is this advanced imaging to treat cancer?
   - Yes = Go to #5
   - No = Call Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022

5. Is the client on hospice and is this advanced imaging related to the hospice diagnosis?
   - Yes = STOP. PA not required by Medicaid. Paid for under hospice benefit.
   - No = Go to #6

6. (Mandatory) Side of body:
   - Bilateral
   - Left
   - Right

7. (Mandatory) Body part:
   - Wrist (see 8)
   - Hand (see 8)
   - Elbow (see 9)
   - Shoulder (see 10 & 11 OR 12 & 13)

8. **WRIST/HAND - MRI** is indicated for the following, select ONE:
   - Severe acute wrist trauma w/norm x-ray
   - Suspected soft tissue mass MRI w/o contr
   - Suspected soft tissue mass MRI w/contrast

9. **ELBOW - MRI** is indicated for the following, select ONE:
   - Severe acute elbow trauma w/norm x-ray
   - Suspected avascular necrosis
   - Suspected biceps tendon rupture
   - Suspected cartilaginous defects
   - Suspected heterotopic calcifications
   - Suspected intra-articular loose bodies
   - Suspected mass (MRI w/o or w/contrast)
10. SHOULDER - ACUTE/TRAUMATIC SHOULDER PAIN, select ALL APPLIES:
- Acute pain follow conserv meas for 4 wks
- Clin signs/sx: rotator cuff tear >/= 35y
- Suspected instab/labral tear, age < 35y (see 11)
- Trauma: pain/weak, susp rotat cuff tear

11. If Suspected instab/labral tear, age < 35y is answered, select ONE of the following:
- Recurrent dislocation
- Suspected avascular necrosis
- Suspected intra-articular loose bodies

12. SHOULDER - SUBACUTE/CHRONIC SHOULDER PAIN, select ALL APPLIES:
- Evaluate abnormality, ‘red flags’ (see 13)
- Prev surg & substant incr signs of impinge
- Subacute pain & suspect instab/lab tear
- Surgical planning and no MRI w/in 6 mos

13. If answer is Evaluate abnormality, ‘red flags’, select ONE:
- Hemarthrosis
- Imaging abnormality on x-ray
- Palpable mass
- Suspect neoplasm