

Patient Name: _____ Insurance ID or Claim #: _____

MRI Lower Extremity Questionnaire

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE:

- Answer all of the initial questions (Page 1)
- Complete **ONLY** the section for the part of the body for which you are requesting imaging. Answering questions in multiple sections will lead to a technical denial.
- Failure to answer **mandatory** questions in any part of the questionnaire may lead to technical denial regardless of other answers provided.
- Chart notes are not required for questionnaire based reviews
- Follow directions exactly. If the question says “select one” answer then only one is needed. Selecting more than one can lead to technical denial.

INSTRUCTIONAL NOTE FOR WASHINGTON MEDICAID REQUESTS ONLY: You are responsible for verifying eligibility *prior to submitting* requests. Information on when to submit to Qualis Health can be found in the Washington Medicaid Apple Health Medical Provider Guides located on-line at: <http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>

Initial Questions

1. **(Mandatory)** This guideline based review will result in a RECOMMENDATION ONLY to either Washington State Department of Labor and Industries or Washington Medicaid. If the recommendation is to approve, PLEASE NOTE THAT services ARE NOT authorized until final determination is made by the appropriate agency.

Acknowledge

2. **(Mandatory)** Select the side of the body for this imaging request

- Right
 Left
 Bilateral

3. **(Mandatory)** Will you be submitting more than one request for complex imaging **including bilateral joint imaging?**

- Yes **(STOP: Do not complete the questionnaire.** Full review is required for multiple requests, including bilateral imaging. You must submit chart notes for review to avoid delays in final determinations)
- No Continue to next question

4. **(Mandatory)** Are you requesting imaging on the thigh/femur or lower leg/shin?

- Yes **(STOP: Please use the LNI Non-Joint Extremity MRI assessment which contains the appropriate clinical questions.)**
- No Continue to next question

5. (Mandatory) Indicate the body part for the requested imaging. **Select one**

- Knee – answer Section A only
 Hip – answer Section B only
 Ankle – answer Section C only
 Foot – answer Section D only

Proceed to the appropriate section based on the body part being imaged and answer **ONLY** that section.

END of INITIAL QUESTIONS – proceed to complete **ONLY** one other section

MRI Knee - SECTION A

NOTE: Read the questions and responses carefully. If the answer says "Select One", selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

Acknowledge

1. (Mandatory) Have weight bearing x-rays been done?

Yes

No or Unknown

2. What were the findings on the weight bearing x-rays? **Select one**

Normal/no evidence of arthritis or degenerative disease

Evidence of mild/early arthritis or degenerative disease

Evidence of arthritis or degenerative disease

Significant osteoarthritis, bone-on-bone or near total joint collapse

Unknown

3. Please select the primary clinical indication for the requested imaging? **Select one**

Internal derangement (e.g., meniscal or cruciate ligament injury)

Occult fracture

Dislocation

Collateral ligament injury

Patellar subluxation or dislocation

Cartilage injury

Extensor mechanism injury

Osteonecrosis

Hemarthrosis

Stress or insufficiency fracture

Inflammatory arthritis

Tendinopathy (including iliotibial band) -**answer #4**

Bursitis (including the pes anserinum)

None of the above

4. Has the patient's tendinopathy been unresponsive to conventional treatment? **Select one**

Yes

No

Treatment not yet initiated

END SECTION A – KNEE MRI

MRI HIP - SECTION B

NOTE: Read the questions and responses carefully. If the answer says "Select One", selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) **DISCLAIMER:** I understand that the answers marked on this questionnaire must be supported by the medical records.

Acknowledge

1. (Mandatory) Have hip x-rays been done?

Yes

No or Unknown

2. Did the x-rays show any of the following? **Select one**

Normal hip x-rays

Equivocal for osteonecrosis of the femoral head

Monoarticular or atypical arthritis

Mild arthritis but the hip is the suspected source of referred pain

Suggestive of Pigmented Villonodular Synovitis or osteochondromatosis

Unknown results

3. Please indicate the primary clinical indication for the requested imaging? **Select one**

Septic arthritis or osteomyelitis

Radiographically occult condition

Stress or insufficiency fracture

Severe muscle or tendon injury (including adductor aponeurosis)

Avascular necrosis of the femoral head is suspected with negative or equivocal plain x-rays

Osseous or surrounding soft tissue abnormality suspected but plain x-rays are negative

None of the above – **answer #4**

4. Would an existing surgical plan be adversely affected if MRI information is not available?

Yes

No

END SECTION B – HIP MRI

MRI ANKLE – Section C

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) **DISCLAIMER:** I understand that the answers marked on this questionnaire must be supported by the medical records.

Acknowledge

1. Have ankle x-rays been done and interpreted? **Select one**

- Yes
- No
- Interpretation is pending
- Unknown

2. Is this imaging for acute ankle pain?

- No
- Yes **STOP: Do not complete the questionnaire. Full clinical review is required for acute ankle pain. Attach clinical documentation including x-ray results, history, physical exam and reason for MRI.**

3. Please indicate the primary clinical indication for the requested imaging? **Select one**

- Ankle impingement syndrome is suspected based on clinical exam
- Ankle instability is suspected based on clinical exam
- Tendon abnormality is suspected clinically
- Osteochondral injury is suspected clinically
- Multiple sites of degenerative joint disease by ankle x-rays
- Suspected stress fracture
- Suspected infection
- Suspected neoplasm
- None of the above

END SECTION C – ANKLE MRI

MRI FOOT – Section D

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) **DISCLAIMER:** I understand that the answers marked on this questionnaire must be supported by the medical records.

Acknowledge

1. Have foot x-rays been done and interpreted? **Select one**

Yes

No

Interpretation is pending

Unknown

2. Is this imaging for acute foot pain?

No

Yes **STOP: Do not complete the questionnaire. Full clinical review is required for acute foot pain. Attach clinical documentation including x-ray results, history, physical exam and reason for MRI.**

3. Please indicate the primary clinical indication for the requested imaging? **Select one**

Inflammatory arthropathy

Plantar fasciitis

Tarsal tunnel syndrome

Morton’s neuroma

Osteomyelitis

Avascular necrosis

Neoplasm

Stress fracture

none of the above

END SECTION D – FOOT MRI