

PRIOR AUTHORIZATION

P: 413.781.9000
 F: 413.781.7988
 E: BostonOrders@RAYUSradiology.com

- Patient will call to schedule
- Call patient to schedule

If faxing an order, please include:

- Demographics
- Insurance card
- Clinical notes

- | | | |
|-----------------------------------|-----------------|-----------------|
| <input type="radio"/> CHELMSFORD | P: 978.250.1866 | F: 978.256.9536 |
| <input type="radio"/> DEDHAM | P: 781.329.0600 | F: 781.329.1713 |
| <input type="radio"/> HAVERHILL | P: 978.469.0400 | F: 978.469.0408 |
| <input type="radio"/> PEABODY | P: 978.818.6272 | F: 978.818.6282 |
| <input type="radio"/> SPRINGFIELD | P: 413.781.9000 | F: 413.781.7988 |
| <input type="radio"/> WOBURN | P: 781.932.8650 | F: 781.932.8619 |

See back for addresses



Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F	
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #		
Patient address					
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private		Date of injury	Insurance name	Insurance ID #	Authorization #
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.			Clinical Decision Support (CDS)		
			Required for Medicare Part B		
			Modifier (determination)	G-code (vendor)	
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela					

MRI	THERAPEUTIC INJECTIONS
<input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast	<i>(Dedham and Springfield only)</i>
NEURO <input type="radio"/> Brain and/or <input type="radio"/> Orbits <input type="radio"/> Routine <input type="radio"/> MS <input type="radio"/> IAC <input type="radio"/> Pituitary <input type="radio"/> Seizure <input type="radio"/> Trigeminal <input type="radio"/> Volumetric brain imaging (NeuroQuant®) <i>(Chelmsford, Dedham, Springfield & Woburn only)</i> What are you looking to measure? _____ Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Neck (soft tissue) <input type="radio"/> TMJ bilateral	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> Shoulder <input type="radio"/> Knee <input type="radio"/> Hip <input type="radio"/> Other _____
BODY <input type="radio"/> Abdomen <input type="radio"/> Routine <input type="radio"/> MRCP w/3D recons <input type="radio"/> Adrenals <input type="radio"/> Liver <input type="radio"/> Pancreas <input type="radio"/> Kidneys <input type="radio"/> Chest <input type="radio"/> MR enterography (abdomen/pelvis) <input type="radio"/> Pelvis <input type="radio"/> Bony <input type="radio"/> Organ(s)	ARTHROGRAMS
MRA <input type="radio"/> Brain <input type="radio"/> Circle of Willis <input type="radio"/> MRV of sagittal sinus <input type="radio"/> Neck <input type="radio"/> Carotid arteries <input type="radio"/> Carotid dissection <input type="radio"/> Abdomen <input type="radio"/> Abdominal aorta <input type="radio"/> MRV of abdomen/pelvis <input type="radio"/> Renal arteries <input type="radio"/> Chest <input type="radio"/> Extremity _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL	<i>(Dedham, Peabody & Springfield only)</i>
MUSCULOSKELETAL <input type="radio"/> Extremity non-joint _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> Extremity joint _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> Arthrogram (w/Gadolinium) <input type="radio"/> Ankle <input type="radio"/> Achilles tendon <input type="radio"/> Calcaneous (heel) <input type="radio"/> Peroneal tendon <input type="radio"/> Foot <input type="radio"/> Morton's neuroma <input type="radio"/> Plantar fibroma <input type="radio"/> Plantar plate rupture <input type="radio"/> Sesamoiditis	<input type="radio"/> Shoulder <input type="radio"/> Knee <input type="radio"/> Hip <input type="radio"/> Other _____
OTHER <input type="radio"/> Pre-MRI X-ray to rule out metal _____ <input type="radio"/> Other _____	X-RAY
Views _____ <input type="radio"/> Chest <input type="radio"/> Abdomen (KUB) <input type="radio"/> Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Extremity _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> Orbits screening pre-MRI <input type="radio"/> Other _____	

REPORTING METHOD		<input type="radio"/> CD w/report <input type="radio"/> Portal/Web viewing <input type="radio"/> STAT: Call report # _____ Attn: _____ <input type="radio"/> Report only <input type="radio"/> STAT: Fax report # _____ Attn: _____	
Provider name (print)	Provider location	City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date	

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PATIENT PREPARATION

MRI

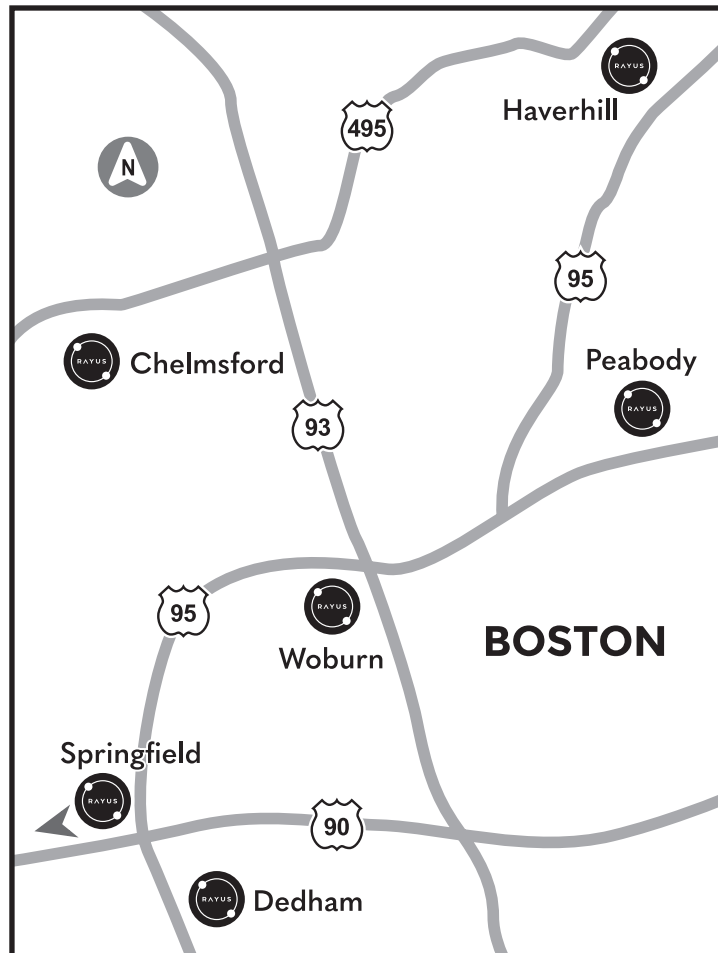
Currently, there are no known biological hazards from MRI; however, since the technique involves strong magnetic fields, certain precautions must be taken. For safety reasons, exclusion from MRI examinations includes patients with: cardiac pacemakers, cardio defibrillators (ICD), cochlear ear implants, insulin pumps, severe renal disease, internal ferromagnetic aneurysm clips in the brain, metallic shrapnel or foreign bodies in or near vital structures (e.g. eyes).

Prior to exam, inform the office if you are/may be pregnant.

MRI CONTRAST STUDIES

A serum creatinine is required for patients if they:

1. Have known renal disease, including acute/chronic renal failure
2. Had a renal transplant or have a single kidney
3. Are on dialysis



CENTER	ADDRESS	MRI	OPEN MRI	THERAPEUTIC INJECTIONS	X-RAY	ARTHRO
Chelmsford	187 Billerica Rd. Chelmsford, MA 01824	•	•			
Dedham	200 Providence Hwy., Suite 210 Dedham, MA 02026	•	•	•	•	•
Haverhill	One Park Way Haverhill, MA 01830	•				
Peabody¹	One Orthopedics Dr. Peabody, MA 01960	•				•
Springfield	3640 Main St., Suite 101 Springfield, MA 01107	3T MRI, High-field open MRI, CT, Ultrasound, X-ray, Arthrography				
Woburn	800 W. Cummings Park., Suite 1150 Woburn, MA 01801	•	•			

¹Peabody Imaging North NPI 1760423719/TIN 04-3205435