UniCare

MRI of the Knee

Precertification-Clinical Worksheet
Phone: 800-442-9300 / Fax: 800-848-3623

Patient name: _____ DOB: _____ Member ID: _____

Place of service (facility): _____

Facility address: _____

Facility phone: _____ Facility fax: _____ Facility NPI #: _____

Requesting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Date of service: _____

CPT code: _____ Primary procedure: _____

If related to an accident, indicate date, type, and location: _____

Notification #: _____

Diagnosis/possible indications (check all that apply):

___ Knee ligament injury ___known ___suspected
___ Date and results of previous X-ray _____
___ Meniscal tear ___ Avascular necrosis of knee
___ Osteonecrosis of knee ___ Intraarticular loose body
___ Baker's cyst ___ Loss of meniscus partial or complete (specify percent)_____
___ History of knee fracture ___ Synovitis
___ Foreign body ___ Persistent knee (duration) _____
___ Chondromalacia patella ___ Osteochondritis dissecans
___ Post op eval s/p repair of tear with new symptoms
___ Other (specify)_____

Symptoms and physical findings on exam (check all that apply):

___ Knee pain and tenderness ___ Joint instability
___ Knee locking ___ Knee swelling and/or tenderness
___ +McMurray's sign ___ +Lachman's sign
___ Drawer sign ___ Apley's sign
___ Varus stress sign ___ Other (specify) _____

Previous radiology exams of knee (specify results and date of exam):

___ Plain X-ray (date) _____ ___ Bone scan (date) _____
___ MRI (date) _____ ___ Ultrasound (date) _____
___ Other (specify)_____ (date) _____
Results: _____

_____

Previous treatment (check all that apply and specify duration):

___ Non-weight bearing ___ Ice ___ Immobilization

___ Physical therapy ___ Other (specify) _____

Duration/results: _____

History: __Acute injury __History of knee fracture __History of trauma __History of knee surgery (date) _____

Signature: _____ **Date**: _____

Print name: _____ **Phone**: _____

After completing this form and obtaining the necessary clinical information, please fax to 800-848-3623.