

MRI Pelvis

Preauthorization Documentation Criteria

1. **Musculoskeletal Pelvic MRI:**
 - a. Mass or tumor
 - b. Significant injury to rule out fracture or other injury
 - c. Osteonecrosis of hips
 - d. Sacroiliitis
 - e. Sacroiliac joint dysfunction
 - f. Pain lasting 3 months or greater
 - g. Failed conservative therapy: Must include each one:
 - i. Rest: modified activities or assistive devices/rigid splints or braces
 - ii. Ice or heat
 - iii. Medications and/or injections
 - iv. Physical therapy or a physician directed home exercise program or chiropractic care
 1. Document instructions given
 2. Document compliance and results
 3. Document duration
 - h. Persistent Pain not responsive to 4 weeks of conservative treatment
2. Prostate Cancer Evaluation, follow up, and surveillance
3. Mass or Tumors
4. Cancer detection, staging, or surveillance
 - a. 3, 6, or 12 month follow up
5. Infection:
 - a. Appendicitis
 - b. Diverticulitis not responding to conservative care
 - c. Inflammatory bowel disease
 - d. Abscess suspected
 - e. Fistula
 - f. Abnormal fluid collection
6. Pelvic Floor failure
7. Uterine abnormalities
8. Undescended Testes
9. Pre-op Evaluation
10. Post-op Complication