# Radiology Questionnaire

## CT of the Lumbar Spine

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider’s response. If the case pending and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>***72131</td>
<td>Computed tomography, lumbar spine; without contrast material</td>
</tr>
<tr>
<td>***72132</td>
<td>Computed tomography, lumbar spine; with contrast material</td>
</tr>
<tr>
<td>***72133</td>
<td>Computed tomography, lumbar spine; without contrast material followed by contrast material and further sections</td>
</tr>
</tbody>
</table>

1. Is this imaging procedure being requested for:

2. Pre- or post-surgical evaluation of surgery/hardware, in patient with symptoms? □ Yes □ No

3. Significant spine trauma, with symptoms? □ Yes □ No

4. Spinal fracture evaluation (suspected or follow-up)? □ Yes □ No

5. Abnormal imaging study, where CT was recommended or requested? □ Yes □ No

6. A pediatric patient (< 18 years old) with bony anomaly, for evaluation of bone? □ Yes □ No

7. Evaluation of spinal tumor? □ Yes □ No

8. Spinal evaluation of a patient with a cardiac pace maker? □ Yes □ No

9. Imaging in combination with a myelogram or discogram? □ Yes □ No

10. A patient who has significant metal hardware that may preclude MRI imaging of the affected area? □ Yes □ No

11. A circumstance where an MRI is not available to evaluate the spine? □ Yes □ No

12. Low back pain (LBP) WITH MILD neurologic symptoms (e.g. numbness & tingling, with/without sciatica (radiating pain) AND ANY of the following (select only ONE appropriate response) (Note: MRI recommended).
   - □ After 6 wks NSAIDs/limited activity/PT
   - □ Worsening Symptoms
   - □ Muscle weakness in legs
   - □ None of the above apply

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13. **Evaluation of LBP with MAJOR neurologic symptoms (e.g. loss of motor strength, foot drop, loss of bowel or bladder function)?**  
   NOTE: CONSIDER MRI

   - [ ] Yes
   - [ ] No

14. **LBP and ANY: Age > 70; fever; elevated WBCs; unexplained weight loss; history lumbar spine surgery; IV drug abuse; osteoporosis; immunosuppression (transplant, radiation therapy, chemo, steroid medication, HIV, etc.)?**  
   NOTE: CONSIDER MRI

   - [ ] Yes
   - [ ] No

15. **SEVERE LBP not relieved with changes in body position?**

   - [ ] Yes
   - [ ] No

16. **SEVERE LBP that interferes with completion of activities of daily living (e.g. not able to go to work or may be able to work but needs to take frequent breaks due to pain)?**

   - [ ] Yes
   - [ ] No

17. **SEVERE LBP WITH failed conservative treatment for AT LEAST 3 DAYS of (unless contraindicated OR not tolerated) BOTH an appropriate non-steroidal anti-inflammatory drug AND an opiate drug (e.g. morphine, codeine, oxycodone, hydrocodone)?**

   - [ ] Yes
   - [ ] No

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If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512.

**References:**


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