



**Blue Care
Network
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

MRI Cervical 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 pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

| Code*** | Description | |
|---------|---|---|
| 72156 | Magnetic resonance (e.g. proton) imaging, spinal canal and contents without contrast material followed by contrast material and further sequences; cervical | |
| 72142 | Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; with contrast material | |
| 72141 | Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; without contrast material | |
| 1. | Does the patient have: | |
| 2. | Abnormal imaging study OR electromyogram (EMG) where MRI was recommended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | X-ray OR CT showing bone destruction OR abnormality? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is the patient a pediatric patient (under the age of 18) with concern of congenital anomaly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Neck pain with mild neurologic symptoms* AND not responsive to conservative measures (e.g. acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs), limiting activities that aggravate symptoms, physical therapy) > 4 weeks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Neck pain WITH major neurologic symptoms** | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Neck pain WITH history of cancer spreading to other body parts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Neck trauma or injury (i.e., car accident, fall, sports injury, injury from an assault, spinal manipulation) WITH mild neurologic symptoms* OR major neurologic symptoms** – any age? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Mild neck trauma (i.e. muscle strain, sleeping in the wrong position) WITH mild neurologic symptoms* OR major neurologic symptoms** – patient age over 70? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Known spinal tumor to be evaluated or re-evaluated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Neck pain (only) WITH normal X-ray OR CT AND ANY of the following: Fever, elevated WBCs (white blood cell count); history of IV drug abuse or immunosuppression (transplant, radiation therapy, chemotherapy, steroid medication, HIV, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | SEVERE neck pain not relieved with changes in body position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | SEVERE neck pain 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | SEVERE neck pain WITH failure of 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, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Known or suspected myelopathy (weakness, stiffness or clumsiness in the hands; difficulty walking; difficulty controlling bladder and/or bowel functions)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Is the MRI being ordered for a patient with multiple sclerosis to evaluate spinal lesions / plaques and / or to assess the treatment plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Radiology Questionnaire

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|-----|--|---|
| 17. | Is the MRI being ordered to rule out multiple sclerosis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | *Mild neurologic symptoms: arm or hand numbness and/or tingling with loss of sensation/feeling | |
| 19. | **Major neurologic symptoms: arm muscle weakness, abnormal reflexes of arms | |

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