**MRI of Thoracic 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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</thead>
<tbody>
<tr>
<td>72146</td>
<td>Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material</td>
</tr>
<tr>
<td>72147</td>
<td>Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; with contrast material</td>
</tr>
<tr>
<td>72157</td>
<td>Magnetic resonance (e.g., proton) imaging, spinal canal and contents without contrast material followed by contrast material and further sequences; thoracic</td>
</tr>
</tbody>
</table>

1. Does the patient have:

2. Abnormal imaging study where MRI was required or recommended (e.g., fracture or destructive bone lesion)?

3. X-ray or CT showing bone destruction OR abnormality?

4. Is this a pediatric patient < 18 years of age with concern of congenital anomaly (birth defect)?

5. Pain > 6 weeks with no other symptoms?

6. Upper back pain WITH neurologic symptoms (e.g. upper extremity muscle weakness, numbness and tingling with sensation loss, abnormal reflexes of upper extremities)?

7. Upper back pain WITH history of cancer spreading to other body parts?

8. SEVERE upper back pain not relieved with changes in body position?

9. SEVERE upper back 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)?

10. SEVERE upper back 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.)?

11. Trauma (injury) with neurologic symptoms – patient of any age (e.g. upper extremity muscle weakness, numbness and tingling with sensation loss, abnormal reflexes of upper extremities)?

12. Prior spinal surgery WITH suspected complication?

13. Symptoms of demyelinating disorder (impaired sensation, movement or mental status due to damage to the lining surrounding the nerves), myelopathy (bladder/bowel difficulties)?

14. Upper back pain (only) with normal X-ray/CT and ANY: fever; elevated white blood cell count (WBC); history of IV drug abuse; history of immunosuppression (transplant, radiation therapy, chemotherapy, steroid medication, HIV, etc.)?

15. Is the MRI being ordered for a patient with multiple sclerosis to evaluate spinal lesions/plaques and/or to assess the treatment plan?

16. Is the MRI being ordered to rule out multiple sclerosis?

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