Blue Care Network of Michigan

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

Radiology Questionnaire

CT of the Brain

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	
*70450	Computed tomography, head or brain; without contrast material	
*70460	Computed tomography, head or brain; with contrast material	
*70470	Computed tomography, head or brain; without contrast material, followed by contrast material and further sections	
1.	Does the patient have:	
2.	An abnormal neurological evaluation, where a neurology or neurosurgical specialist has requested a CT study?	☐ Yes ☐ No
3.	A recent acute head trauma, with clinical symptoms?	☐ Yes ☐ No
4.	The worst headache of life ("thunderclap headache"); OR persistent headaches > 6 months; OR headache with neurological symptoms (nausea and vomiting); OR increasing frequency and severity of headaches?	☐ Yes ☐ No
5.	New stroke symptoms?	☐ Yes ☐ No
6.	New seizures; OR known seizures with increasing frequency AND severity?	☐ Yes ☐ No
7.	Suspicion of brain abscess or inflammatory disease, with documented new-onset clinical symptoms (fever, neck stiffness, headache, etc.)?	☐ Yes ☐ No
8.	History of cancer, with new/increasing clinical symptoms (gait/motor disturbances, vision changes, confusion, etc.)?	☐ Yes ☐ No
9.	Progressive neurological deficits (mental status change, motor/gait disturbances, vision changes, etc.), with worsening of neurological symptoms?	☐ Yes ☐ No
10.	New hearing loss OR ringing in ears?	☐ Yes ☐ No
11.	History of immunosuppression, now with documented new-onset neurological symptoms (mental status change, motor/gait disturbances, visual changes, etc.)?	☐ Yes ☐ No
12.	Ventricular shunt that needs follow-up?	☐ Yes ☐ No
13.	Prior imaging study which requires or recommends CT evaluation?	☐ Yes ☐ No
14.	Suspicion of OR a history of vascular abnormality of the brain (e.g. aneurysm, AVM [arterio-venous malformation], thrombosis, fistula)?	☐ Yes ☐ No

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15.	Suspected bone abnormality of the skull (fracture, pediatric craniosynostosis [skull deformity])?	☐ Yes ☐ No
16.	One of the above conditions OR other suspected brain abnormality, WITH contraindication to MRI (e.g. metal hardware that may preclude adequate imaging of the affected area)?	☐ Yes ☐ No
17.	New onset mental status changes (e.g. confusion, disorientation, problem communicating, memory loss) OR new onset OR progression of abnormal behaviors or psychiatric symptoms (e.g. severe anxiety, depression, hallucinations, paranoia)?	☐ Yes ☐ No
	References:	
	ACR Practice Guidelines and Technical Standards 2009.	
	ACR Appropriateness Criteria, Sept. 2007.	