

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

Code	Description	
***72131	Computed tomography, lumbar spine; without contrast material	
***72132	Computed tomography, lumbar spine; with contrast material	
***72133	Computed tomography, lumbar spine; without contrast material followed by contrast material and further sections	
1.	Is this imaging procedure being requested for:	
2.	Pre- or post-surgical evaluation of surgery/hardware, in patient with symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Significant spine trauma, with symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Spinal fracture evaluation (suspected or follow-up)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Abnormal imaging study, where CT was recommended or requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	A pediatric patient (< 18 years old) with bony anomaly, for evaluation of bone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Evaluation of spinal tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Spinal evaluation of a patient with a cardiac pace maker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Imaging in combination with a myelogram or discogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	A patient who has significant metal hardware that may preclude MRI imaging of the affected area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	A circumstance where an MRI is not available to evaluate the spine?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> After 6 wks NSAIDs/limited activity/PT <input type="checkbox"/> Worsening Symptoms <input type="checkbox"/> Muscle weakness in legs <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	SEVERE LBP not relieved with changes in body position?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512.		
References:		
Moss A, Gamsu G, Genant HK. Computed tomography of the body with magnetic resonance imaging: abdomen and pelvis. 2nd ed. 1992.		
Lee JK, Sagel SS, Stanley RJ. Computed body tomography with MRI correlation. 3rd ed. 1998.		
ACR Practice Guidelines and Technical Standards 2007.		
ACR Appropriateness Criteria, Sept. 2007.		

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